MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At NEED

05-28-04P01:29 PAID Date 5-28-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leon Wilson 227845

in a Liner (Type of Burial Container) Funeral, date, time Weds June 2 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ JEANETTE

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 129 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Paid by Visa	333.20
Balance due	1500.00

PAID
MAY 28 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Vicky Y. R. Island
Signature

Vicky Island
5-27-55
NY 775052

x VICKY Y. R. ISLAND
Print Name

x 6224 BROOKLYN AVE.
Address

x San Diego 92114
City Zip Code

x 266-9088
Telephone

Work Order # E 18500

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18500

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Hopkins	X			
	Brown		Laszlofi			

Blind Check Initiated By: Paulette Date: 6-1

Interment space for: Leon Wilson

Interment Date: 6-2-04 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 129 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flat

Blind Check & Verified By: DARREYL Date: 6-1-04

E-18500

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEON	-	WILBON	11/29/1950	05/21/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VICKY ISLAND-SISTER 6224 BROOKLEN AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA [illegible]/BURIAL CHAPEL 5880 EL CAJON BLVD.SAN DIEGO, CA 92115	FD-1357	▶ Clauchette Ru	05/[illegible]/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/01/2004 C.RUSS	▶ 2409820

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need Lot + trust

Date 5/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Lucy Johanna Arteaga 227831

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 221 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57602 25% down	458.20 k
Balance due	1375.00

PAID MAR - 9 2006 MOUNT HOPE CEMETERY

Paid in 3/9/06 R00164

I hereby certify I am the Lucy Arteaga of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Lucy Arteaga

227831

Lucy Johanna Arteaga
Print Name

3026 national Ave.
Address

San diego, CA 92113
City Zip Code

619) 231-2033
Telephone

Paulette

Invoice # _____

Work Order # E 18501

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400 01-13-05P12:17 PAID

58408

Date: _____, 20 ____

From: Lucia Arteaga Address: 3026 National Ave.

fifty-eight ~~00/100~~ Dollars ($ 58 —)

in part Payment of pre need lot / trust

Div 12 Sec 2 Blk/Row ____ Lot 221 Grave 4

Invoice No. E-18501

Acct. No. ____

W.O. ____

BALANCE DUE 1,200 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 395

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 13 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	58 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	58 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59164

Date: 9-12, 2005

From: Lucy J Arteaga Address: on record

Twenty-Five and 00 Dollars ($ 25.—)

in Part Payment of Pre/Need lot & trust.

Div 12 Sec 2 Blk/Row Lot 221 Grave 41

Invoice No. E-18501

Acct. No.

W.O.

BALANCE DUE $ 1150.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 502

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 12 2005

MOUNT HOPE CEMETERY

ISSUED BY Pradford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	25 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	25 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59299

Date: 10/12, 20 05

From: Lucio Arteaga Address: on record

Twenty-Five and 00 Dollars ($ 25.—)

in part Payment of Pre-need Lot/Trust.

Div 12 Sec 2 Blk/Row Lot 221 Grave 4

Invoice No. E-18501

Acct. No.

W.O.

BALANCE DUE $1125.—

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

570

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 12 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	25.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	25.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00054

Date: 1/12, 2006

From: Lucia Arteaga Address: on record

Fifty-Seven — — Dollars ($ 57 —)

in part Payment of ~~Fifty-S~~ Pre-need

Div 12 Sec 2 Blk/Row Lot 221 Grave 4

Invoice No.

Acct. No. E-18501

W.O.

BALANCE DUE $986.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 610

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	57—
Trust	77186	
TOTAL PAID	$	57—

AC-212 (11-05)

This information is available in alternative formats upon request.

E 18501

R-59412

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November 17, 20 05

From: Lucy Arteaga Address: On record

Twenty Five and 00 Dollars ($ 25 -)

in part Payment of Pre-need trust + lot.

Lot 281 Grave 4 Row Section 2 Division Block 12

Invoice No. E - 18501

Acct. No.

W.O.

BALANCE DUE $ 1100. -

Pre-Need Lot | X | At Need | | On Acct | |

Pre-need Trust | X | Cash | | Check | X | 589

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

NOV 17 2005

MOUNT HOPE CE...

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	25. —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	25. —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

227831

Contract Expires MAY 2006 $57.00 monthly E-18501

2020 ILDICA Wy. S.V. CA 91944 $100.00 Final

Arteaga, Lucy Johanna ~~3026 National Avenue, S.D. CA 92113~~ 619)231-2032

			DEBIT	CREDIT	BALANCE
5/28/04 Opened Pre-need Lot/Trust w/ 25% dwn. R-57602			985.00		985.00
Trust includes: O/C $413, H/F $160, B/C $209, R/F $50,			848.20		1833.20
Sales Tax on the Liner $16.20. Div 12, Sec 2, Lot 221,				458.20	1375.00
		Crave 4			
7-1-04	R-57746	Payment (1)	June 2004	57.00	1318.00
8-5-04	57872	No coupon (2)	July 2004	60.00	1258.00
1-13-05	58407	no coupon (3)	aug 2004	58.00	1200.00
8/25/05	59163	"		25 —	1175.00
9/12/05	59164	"		25 -	1150.00
10/12/05	59299	Coupon 2		25 -	1125 —
11-12-05	09412	3		25 -	1100 —
12-22-05	P-00011	no coupon		57 —	1043 —
1-12-06	P-00054	No coupon		57 —	986 —
3-9-06	P-00164	Paid in full		986 —	0

PAID

MAR - 9 2006

MOUNT HOPE CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
05-28-04P03:29 RCVD
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Porter 227847

in a ~~Pt Liner~~ DD1 SE Funeral, date, time Thurs. 6/3 10:00
Type of Burial Container

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2191 Grave 1

Grave space & Care Fund	1095	~~995~~
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413
Burial Container	418	~~209 pt~~
Handling Fees	242	~~160 pt~~
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50
Sales taxes	32.40	~~16.20 pt~~
Total Due	2250.40	~~1943.20~~
Paid receipt number	R 57601	1943.20
Balance due		~~0~~

PAID
MAY 28 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X MERLE W. PORTER JR.
Print Name
X 290 WELLINGWAY
Address
X SAN DIEGO CA 92114
City Zip Code
X 6192644925
Telephone

Invoice # _____

Work Order # E 18502

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18502

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Lincoln				Brown		
			X		X Becker	
				Johnson		

Blind Check Initiated By: Pam Date: 5/28

Interment space for: Michael Porter

Interment Date: Thurs 6/3 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2191 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-18502

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Michael	Warren	Porter	09/11/1949	05/27/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michelle Porter, Daughter 2383 Grove Avenue #5 San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	05/28/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 19378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/02/2004 B. Campbell	2409946 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS.

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/3/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Pentermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DIG EX-DEEP 20 CHAIRS

Date 6/1/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dea. Willie Johnson 227859

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon. June 7 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 4 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee GALV. VASE	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1,948.31
Paid receipt number ~~Visa~~ M/C	1,948.31
Balance due	Ø

PAID
JUN 03 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Paulette Johnson

Paulette

Print Name NARETHA JOHNSON

Address 749 OLIVEWOOD TERR

City 749 OLIVEWOOD TERR Zip Code

Telephone 619 264 4576

Invoice # _____

Work Order # E 18503

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18503

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X		Hill	Williams
	Phillips	Berrey		Hines		Pratt

Blind Check Initiated By: Paulette Date: 6/2

Interment space for: Dea. Willie Johnson

Interment Date: 6/7/04 Time: 11:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 4 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collins Date: 6/4/04

E-18503

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIE	ALLEN	JOHNSON	10/24/1934	05/31/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	NARETHA V JOHNSON -WIFE 749 OLIVEWOOD TERRACE SAN DIEGO CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	06/03/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/04/2004 V MITCHELL	▶ 2410108

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6/7/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Deed

Date 6-1-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Wallace 1:00

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues June 8

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 167 Grave 10

Grave space & Care Fund	E-12086	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		—
Burial Container	E-12086	250.00
Handling Fees	E-12086	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	E-12086	—
Sales taxes		17.50
	Total Due	267.50
	Paid receipt number R 57612	267.50
	Balance due	0

PAID
JUN 02 2004
MOUNT HOPE CEMETERY

Bal. due from 7-11-1997 (See copies attached)

I hereby certify I am the X Grandson of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 1 hold under deed.

Signature

Paid 3.24

9:04A10:36 PAID

Paulette

Randy Prior
Print Name

4211 ETA ST
Address

SAN DIEGO, CA 92113
City Zip Code

619 264-9277
Telephone

Invoice # _____

Work Order # E 18504

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18504

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Hubbard		Burch	
		Taylor	x	Wallace		Banks
						McDaniel

Blind Check Initiated By: Paulette Date: 6/7

Interment space for: Teresa Wallace

Interment Date: 6/8/04 Time: 1:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 167 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Paulette

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Sandermann Date: 6/7/04

E-18504

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Teresa	-	Wallace	03/13/1914	05/30/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Shirley Wallace, Daughter 5642 Calle Sal Sipuedes San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	06/02/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/03/2004 B. Campbell	2410067 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
06-15-2004	E-18504

TO: Randy Prior
4211 Eta St
San Diego CA 92113

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Teresa Wallace service on 06-08-2004. Your arrival time was 3:24. Please submit within 10 days.	$165.00

06-29-04A10:57 PAID

At need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-01-04P03:35 RCVD

Date _____

227858

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Freddie Lee Jones

in a liner (Type of Burial Container) Funeral, date, time Sat 6/5 11:00

Church, Chapel, Graveside ; SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 603 Grave 4

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	600 —
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	2493.20
Paid receipt number R 57618	2493.20
Balance due	— 0

PAID

JUN 03 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

mortuary to pay

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Adrene Jones
Print Name

X 345 So Euclid Ave.
Address

X San Diego
City

X 619-264-7824
Telephone

Zip Code

Invoice # _____

Work Order # E 18505

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18505

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					[illegible]	
		wilson	x			
		Savela		Davis		

Blind Check Initiated By: [illegible] Date: 6/2

Interment space for: Freddie Jones

Interment Date: Sept 6/5 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 63 Gr: 4

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Warren Date: 6-3-04

no chairs if possible

E18505

47

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FREDDIE	LEE	JONES	01/18/1957	05/29/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ARLENE JONES GARNER-SISTER 345 S. EUCLID AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Joseph Lemon Jr.	06/02/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/03/2004 J. LEMON JR.	2409982

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 2751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-02-04A10:17-ARNV

Date 227885

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of May Katheryn Denton

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 247 Grave 7

Grave space & Care Fund 985

Overtime/Late Arrival Fees .....

Opening/Closing & Setup.....

Burial Container .....

Handling Fees.....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

PAID APR 04 2005 MOUNT HOPE CEMETERY

Paid in full $119 Bal of R-58709

Total Due..... 985

Paid receipt number R57611 246

Balance due 739

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Katheryn Denton
Print Name

x 1152 Woodrow ave
Address

x SD 92114
City Zip Code

x (619) 464 3509
Telephone

Invoice # _____

Work Order # E 18506

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18506

due July

DENTON, ~~KATHERYN~~ May 1152 Woodrow ave SD 92114 (619)464-3509

12-2-247-7

			DEBIT	CREDIT	BALANCE
06-02-2004 Opened pre-need lot w/ 25% down		R-57611	985.00	246.00	739.00
8-2-04	Coupons 1 & 2	R-57857		62.00	677.00
8-31-04	3 + 4	57958		62 -	615.00
10-5-04	5 + 6	58089		62 -	553 -
11-2-04	7 & 8	58183		62 -	491 -
12-1-04	9 & 10	58277		62 -	429 -
1-4-05	11 & 12	58383		62 -	367 -
2-1-05	13-16	58456		124 -	243 -
2/28/05	17-20	58571		124 -	119 -
4-4-05	R 58709	18-24		119 -	~~0~~

Paid in full

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

06-02-04A10:53 RAID Date 6/02/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Glen 227853

in a Liner (Type of Burial Container) Funeral, date, time Fri. June 4 2:00

Church, Chapel, Graveside ; Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot ~~994~~ pr. 1085 Grave 1

Grave space & Care Fund	1095.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due M/C	1943.20
Paid receipt number Credit Card	1943.20
Balance due	Ø

PAID

JUN 0 2 2004

MOUNT HOPE CEMETERY

fax 284-7030

APPROVAL In 3:35

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

(See attached)

Invoice #

Acct. #

Paulette

Work Order # E 18507

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18507

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X	Robinson	Smith	

Blind Check Initiated By: Rulette Date: 7/4

Interment space for: Yolanda Glen

Interment Date: 6-4 Time: 2:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1085 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Rulette

Blind Check & Verified By: [illegible] Date: 6-8-04

E-18507 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Yolanda	Marie	Glenn	05/30/2000	08/30/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Henrietta Littleton - Mother 6668 Mallard Street San Diego, California 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104	FD-1746	▶ Mark Jal	06/21/04

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/04/2004 Mark Jenkins	▶ 2410094

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 37 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/4/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Williams	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-02-04A10:53 PAID Date 6/02/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yolanda Glen

in a Liner (Type of Usual Container) Funeral, date, time Fri. June 4 2:00

Church, Chapel, Graveside ; Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00

will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot ~~[illegible]~~ pl. 1095 Grave 1

Grave space & Care Fund	1095.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due M/C	1943.20
Paid receipt number Credit Card	1943.20
Balance due	Ø

PAID
JUN 0 2 2004
MOUNT HOPE CEMETERY

Fax 584-7030

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Henrietta Littleton
~~[illegible]~~
Print Name

3094 El Cajon
Address

S.D. Ca 92102
City Zip Code

584-7000
Telephone

I hereby authorize the interment in lot I hold under deed.

Mark [illegible]
Signature

Invoice # _____

Acct. # _____

Paulette
Work Order # E 18507

This information is available in alternative formats upon request.

E18507

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

STATEMENT

TELEPHONE: ~~264-3151~~
527-3400

DATE	YOUR ORDER NO.
June 10, 2004	E-18507

TO:

Preferred Cremation
3094 El Cajon Blvd
San Diego CA 92102

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Yolanda Glenn service on June 4th 2004. Arrival time was 3:35. Please pay within 10 days of receipt.	
Total	$165.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6/2/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAROLD SCHEETS ~~Ø~~ 226454

in a ~~ASH VAULT~~ T (Type of Burial Container) Funeral, date, time AYD 7/60

Church, Chapel, Graveside Delivery! only : Mayer Monica Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

(NICHES)

Division 9 Section 2 Blk/Row 1 Lot _____ Grave 3

Grave space & Care Fund E-10784	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due E10784	0
Paid receipt number	—
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name Marco De la Joba

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 18508

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18508 1132

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HAROLD	ARTHUR	SCHEETS	09/24/1914	05/31/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RICHARD SCHEETS - SON P.O. BOX 12232 SAN DIEGO, CA 92112

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424	▶ [signature]	6/07/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/04/2004 R.MARTINEZ	2410171 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-6-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY COUNTY CREM.192 COMMERCE DR., PERRIS,CA 92571	12B. DATE CREMATED 06/07/2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ M. Moline	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18508

MESSAGE·CONFIRMATION

07/16/2004 08:44
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
07/16	00'21"	619 264 1973	CALLING	01	OK	0000

07/16/2004 08:43 SD MT. HOPE CEMENTERY → 92641973 NO.825 P01
Jul 15 04 05:51p Seaman-Poe Monument Co. (619) 264-1973 p.1

Niche
Mt Hope
Attn Ray
7/15/04

HAROLD S
1914

Seaman-Poe Monument Company
3893 Imperial Avenue
San Diego, California 92113
Telephone (619) 264-1933
Fax (619) 264-1973
www.seaman-poe.com
Peggy

PL

GOLD LETTERS

Jul 15 04 05:51p Seaman-Poe Monument Co. (619) 264-1973 p.1

E18508

7/15/04
Mt Hope
Adam Ray
Niche

Seaman-Poe Monument Company
3893 Imperial Avenue
San Diego, California 92113
Telephone (619) 264-1933
Fax (619) 264-1973
www.seaman-poe.com

PEGGY

HERE IS YOUR DESIGN LAYOUT.
PLEASE CHECK ALL SPELLING AND DATES.
CALL WITH APPROVAL TO MAKE.

HAROLD SCHEETS

1914 — 2004

GOLD LETTERS

APPROVED
RS 7-16-04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6-3-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARMANDO ROBLES JR. 227855

In a Liner (Type of Burial Container) Funeral, date, time FRI. June 4 11:00

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 3075 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container 25"L × 12"W - 11"h	77.00
Handling Fees	28.00
Flower vases – Marker setting fe	
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	408.97
Paid receipt number Visa Card	408.97
Balance due	Ø

PAID

JUN 03 2004

MOUNT HOPE

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Marisa Toro
Signature

TORO Marisa
Print Name

11664 E 59th
Address

Los Angeles 90001
City Zip Code

(213) 725-0866
Telephone

Paulette
Work Order # E 18509

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Casket Size
25" long
12" width
11" Height

MT HOPE CEMETERY E18509

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Pskemnest			
	Walker		X		King	
			Ramey			

Blind Check Initiated By: Paulette Date: 6/2

Interment space for: Baby Robles

Interment Date: 6 4 - 04 Time: 11:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 3075 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [signature] Date: ____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18509

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ARMANDO	–	ROBLES	05/28/2004	05/28/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	MARISA TORO-MOTHER 1664 E. 59TH ST. LOS ANGELES, CA 90001

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Gloria Lomeli	06/03/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	06/03/2004 G. LYNCH	▶ 2410069

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6-4-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

06-04-04P02:19 RCVD

City of San Diego

At Deed
Total of 13 chairs

Date 6-4-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Geter 227870

in a T.S. Vault (Type of Burial Container) Funeral, date, time Weds. June 9 11:00

Church, Chapel, Graveside ____ : SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. ____

Division 12 Section 1 Blk/Row ____ Lot 92 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases, Marker setting fee	138.00
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2086.31
Paid receipt number R-57626	2086.31
Balance due	Ø

PAID
JUN 07 2004
MOUNT HOPE CEMETERY

MORT 2. Pay

I hereby certify I am the TRUSTEE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name NNEKA GETER

Address 1069 DUPLAGE AVE

City LV NV 89135 Zip Code

Telephone 702-528-5001

Paulette

Invoice # ____

Work Order # E 18510

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E1850

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
Blunt						
	Gates	Gates				

Blind Check Initiated By: Paulette C. Date: 6/7/04

Interment space for: James Geter

Interment Date: 6/9/04 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 92 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

F 18510

19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FD

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JAMES	HOWARD	GETER	10/05/1934	06/01/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NNEKA GETER-DAUGHTER 10169 DUPAGE AVE. LAS VEGAS, NV 89135

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	06/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/08/2004 J. LEMON JR.	▶ 2410283

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Diaz 134152

in a TS Vault (Type of Burial Container) Funeral, date, time Tues. June 8 12:00

Church, Chapel, Graveside ; S.D. Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 156 Grave _____

Grave space & Care Fund E-17997	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	963.31
Paid receipt number R-57625	963.31
Balance due	Ø

PAID
JUN 07 2004
MOUNT HOPE CEMETERY

MRT. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

(See attached)

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18511

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18511

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Marian Perry				
	Hoole		X			
		Roberts			Cupp	

Blind Check Initiated By: Pam Date: 6/7

Interment space for: Catherine Diaz

Interment Date: 6-8-04 Time: 12:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1568 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Placed on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E18511 61

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CATHERINE	-	DIAZ	04/30/1923	06/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	HECTOR L. DIAZ-SON 6670 B BELL BLUFF AVE. SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	06/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/08/2004 J. LEMON JR.	▶ 2410284

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6-7-04 06/07/2004

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Diaz

in a TS Vault (Type of Outer Container) Funeral, date, time Tues. June 8 12:00

Church, Chapel, Graveside SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 156 Grave _____

Grave space & Care Fund E-17997	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	963.31

MCT 2 Pay

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

Hector L. Diaz
Print Name
6670-B Bell Bluff Ave.
Address
San Diego, CA 92119
City Zip Code
619.917.5294
Telephone

Paulette

Work Order # E 18511

Invoice # _____

Acct. # _____

RE4-104 (3-84)

This information is available in alternative formats upon request.

AP
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
06-07-04 A10:36 IN
Date

22787B

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marietta L. Lavalais

In a DD P&L (Type of Burial Container) Funeral, date, time Thurs 6/10 12:00

Church, Chapel, Graveside ; Prepared Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 110 Grave 5

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
X Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
X Recording/Filing/Transfer Fees	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number	R 576322250.40
Balance due	0

PAID
JUN 08 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Roberline Douglas

Pam
Mortuary 2 pay

X Roberline Douglas
Print Name

X 7070 MADRONE AVE
Address

X S.D. 92114
City Zip Code

X 619 262-8228
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18512

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18512

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Perry			
		Hayes	X			Samson
		Estes			Payajon	

Blind Check Initiated By: Pam Date: 6/7

Interment space for: Marietta Lavalais

Interment Date: Thurs 6/10 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 110 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 6-8-04

E-18512 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marrietta	La Joi	Lavalais	07/08/1958	06/03/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Robertine Douglas - Mother 7070 Madrone Ave. San Diego, California 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104	FD-1746	▶ Mark Jenkins	06/09/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/09/2004 Mark Jenkins	▶ 2410383

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California 92103	11B. DATE BURIED 6-10-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

06-07-06 P02:32 IN

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belvina Hopkins 227864

in a BX Liner (Type of Burial Container) Funeral, date, time Wed 6/9 10:00

Church, Chapel, Graveside _____ ; Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IOOF Section _____ Blk/Row 43 Lot 102 Grave 5

Grave space & Care Fund	110 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	138 —
Burial Container	77 —
Handling Fees	28 —
Flower vases - Marker setting fee	88
Recording/Filing/Transfer Fees	30 —
Sales taxes	15.79
Total Due	496.97
Paid receipt number	R-57627
Balance due	0

PAID
JUN 07 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X County representative of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Patricia J. Kelly
Print Name

X 2667 Camino Del Rio So
Address

X San Diego Ca 92108
City Zip Code

X (619) 688-4536
Telephone

Invoice # _____

Work Order # E 18513

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18513

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Ford	X			
			Pennington			

Blind Check Initiated By: Pam Date: 6/7

Interment space for: Belvina Hopkins

Interment Date: Wed 6/9 Time: 10:00

Div: Roof Sect: ____ Blk/Row: 43 Lot: 102 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag in grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6/8/04

E-18513

3/MD

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Belvina	Renee	Hopkins	02/13/2004	06/03/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Bernell Hopkins, II, Father 4333 Dawson Avenue San Diego, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	06/08/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed deposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/08/2004 B. Campbell	2410314 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/9/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Vandermark	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-8-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Barcala Rosario 227849

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5285 Grave 1

Grave space & Care Fund	1205.00
Overtime/Late Arrival Fees	
Opening/Closing & Return	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1205.00
Paid receipt number 25% down	301.00
Balance due	904.00

pd in full R-59450

PAID

DEC 0 2 2005

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

227848 x Michael Blinder
Print Name

[signature] Blinder
Signature

2630 Nina Rd
Address

Lemon Grove CA 91945
City Zip Code

(619) 463-9820
Telephone

Paulette

Work Order # E 18514

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA E-18514

57803

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7/19, 2004

From: Natalia Blinder Michael Blinder Address: on record

Seven Hundred Fourteen and 00 — Dollars ($ 714.00)

in ~~full~~ part Payment of ~~Paid in full~~ for pre-need lot payment

Div 10 Sec ____ Blk/Row ____ Lot 5285 Grave 1

Invoice No. E-18514

Acct. No. ____

W.O. ____

BALANCE DUE ~~$~~ $38.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 303

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	203.00
80% Sales	100	
of Lots	77184	511.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	714.00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57747

Date: July 1, 20 04

From: Michael Blinder Address: 2630 Nina Rd. LG 91945

Dollars ($ 152.00)

in part Payment of per need

Div 10 Sec Blk/Row Lot 5285 Grave 1

Invoice No. E18514

Acct. No.

W.O.

BALANCE DUE 752.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 5106

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Heber

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	152	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	152	00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

R-59450

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 12-2 , 20 05

From: N Blinder Address: on record

Thirty Eight Dollars ($ 38-)

in full Payment of Paid in full for pre need lot

Lot 5285 Grave — Row — Section — Division Block 10

Invoice No. E-18514

Acct. No.

W.O.

BALANCE DUE $ Ø

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | X

38

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 0 2 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77165	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	38 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	38 —

Contract Expires June 2006

E-18514

BLINDER, MICHAEL 2630 Nina Rd., Lemon Grove CA 91945 619)

		DEBIT	CREDIT	BALANCE
6/8/04	Opened pre-need lot account w/25% down paid by master card. Div 10 Lot 5285 for Barcala Rosario	1205.00		1205.00
			301.00	904.00
7-[illegible]-04	R 57747 coupon 1-4 241 - 20%		152.00	752.00
7-19-04	R - 57803 964 - 80%		714.00	~~714.00~~
	Balance Due			38.00
12-2-05	R - 59450 No Coupon		38-	0

PAID

DEC 0 2 2005

MOUNT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/8/04

At Need

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Irma Alexander 227876

in a Linen (Type of Burial Container) Funeral, date, time Friday June 11 1:00

Church, Chapel, Graveside ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 147 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
~~Flower vases~~ – Marker setting fee	25.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	~~1833.20~~ 1859.05
Paid receipt number R-57629	1859.05
Balance due	Ø

PAID

JUN 08 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Frances E. Hatchett
Signature

FRANCES E. HATCHETT
Print Name

6972 VIEWPOINT DR.
Address

SAN DIEGO, CA 92139
City Zip Code

(619) 475-2107
Telephone

Paulette

Work Order # E 18515

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18515

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Smith	King	obina		mazurkiewicz	
	Alberty		X			
				Shipley		Price

Blind Check Initiated By: Paulette Date: 6/9

Interment space for: Irina Alexander

Interment Date: 6-11-04 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 147 Gr: 7

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: ____

E-18515 LM

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Trina	Danette	Alexander	03/22/1955	06/05/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Frances Hatchett, Aunt 6472 Viewpoint Drive San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	06/10/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/11/2004	▶ Nancy L. Bowen M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6 11 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lieng Lam 227891

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. June 12 9:00

Church, Chapel, Graveside _____ ; Featheringill Mortuary. ELMER

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 102 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	660.00
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	~~1948.31~~ 2608.31

PAID

JUN 0 9 2004

MOUNT HOPE CEMETERY

$ 660.00 Paid receipt number R-57640 / $1948.31 master card

Balance due 0

I hereby certify I am the mom of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Nghim Sok Hoi
Signature

NGHIM Sok Hoi
Print Name

4725 TONOPAH AVE
Address

SAN DIEGO CA 92110
City Zip Code

(619) 276-2672
Telephone

Pauette

Invoice # _____

Work Order # E 18516

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18516

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Ellis	Garland		Terry	
	Rodgers	Rodgers	X			
			Cunningham			

Blind Check Initiated By: Paulette Date: 6/10

Interment space for: Lieng Lam

Interment Date: 6/12/04 SAT. Time: 9:00 - (2:00 ARRIVAL)

Div: 12 Sect: 2 Blk/Row: ____ Lot: 102 Gr: 7

Grave Laid out by: David Moniz

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No FLAG

Blind Check & Verified By: [illegible] Date: 6-15-04

E-18516 23

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lieng Hong	-	Lam	11/29/1980	06/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Nghim Hoi (Mother) 4725 Tonopah Ave. San Diego, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083	▶ M. Dongo	06/10/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/10/2004 M. Dominguez	2410465 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 9, 84

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Japanese American Historical Society

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row above 15 Lot 154 Grave 3 1:2

Grave space & Care Fund ..... no charge none — 0 —

Overtime/Late Arrival Fees ..... middle area — —

Opening/Closing & Setup ..... — —

Burial Container 82.50

Handling Fees 66.00

3 ~~Grave~~ Monument ~~81 x 14~~ base

Flower vases – Marker setting fee 388.08

trione

Recording/Filing/Transfer Fees ..... 36.47 R

Sales taxes ..... 30.08 R

Total Due 418.60

PAID

JUN 18 2004

Paid receipt number R-57684 573.05 573.05

Balance due ∅

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. JAHSSD

I hereby authorize the interment in lot I hold under deed.

Ben S. Segawa
Signature

Pam

X BEN S. SEGAWA
Print Name

X 442 SANDY CREEK DR.
Address

X BONITA, CA 91902
City Zip Code

X 619 482-1736
Telephone

Invoice # _____

Work Order # E 18517

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18517

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57684

Date: June 18, 20 04

From: Japanese Am. Historical Soc. of S.D. Address: P.O. Box 620988, SD Ca 92162-0988

Five Hundred Seventy-Three 05/00 Dollars ($ 573.05)

in Full Payment of AT Need 3 Grd. Trans/Monument 81x14 base

Div 7 Sec 11 Blk/Row ____ Lot above 15 ⓐ 15 ⓑ Grave 3 1 2

Invoice No. E-18517

Acct. No. ____

W.O. ____

BALANCE DUE Ø

Pre-Need Lot ☐ At Need X On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 0927

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pcrawford

CREDIT	67007	—
20% Sales Care	77184	—
80% Sales	100	—
of Lots	77184	—
Opening/	100	—
Closing	77181	—
Burial	100	82 50
Containers	77182	
	100	66 00
Handling Fee	77186	
Recording &	100	388 08
Misc. Fees	77183	
Pre-Need	63033	
Trust	77189	
Sales Tax	60101	36 47
	76390	
TOTAL PAID	$	573 05

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

ESTIMATE SHEET ONLY

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102
527-3400

SEPT. 23, 2004
Date

Lot	Gr.	Row	Sec.	Blk/Div	$

Opening and Closing	$ —
Vault/Liner/Double Crypt/Ash Vault	$ —
Handling Fee	$ —
Recording Fee	$ —
Sales Tax	$ —
Sub-Total	$ —
Marker Setting Fee	$ —
ADDITIONAL CHARGE FOR ~~Flower Vase~~ and Installation BORDER SIZE CHANGE FROM 84x14 to 84x26	$ 332.64
Total:	$ 332.64

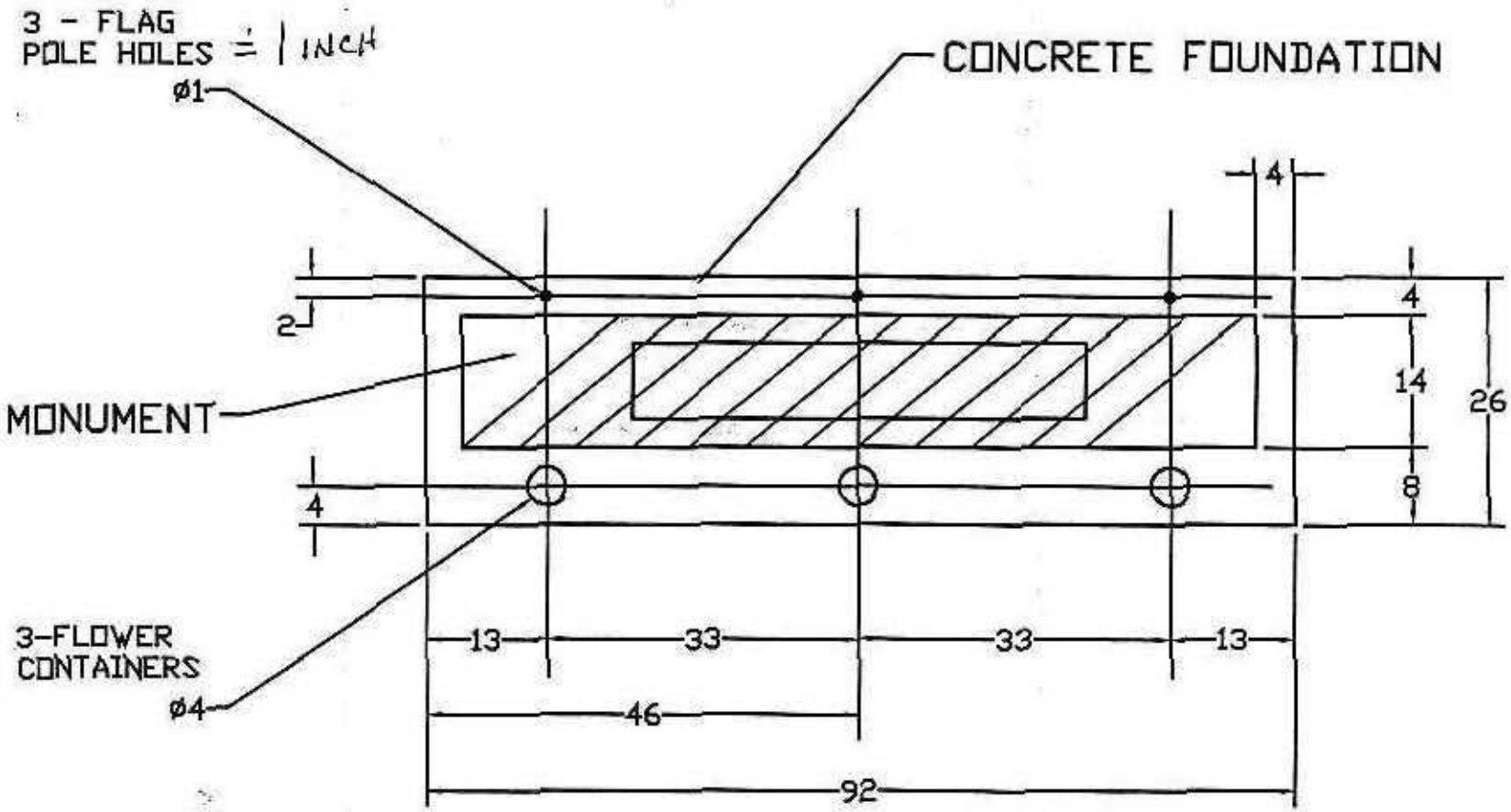
KEVIN F. JIAMPA
Estimate Given By:

The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

THIS INFORMATION SHEET DOES NOT CONSTITUTE ANY BURIAL ARRANGEMENT. THIS IS FOR INFORMATION PURPOSES ONLY.

REA-103 (9-00)
This information is available in alternative formats upon request.

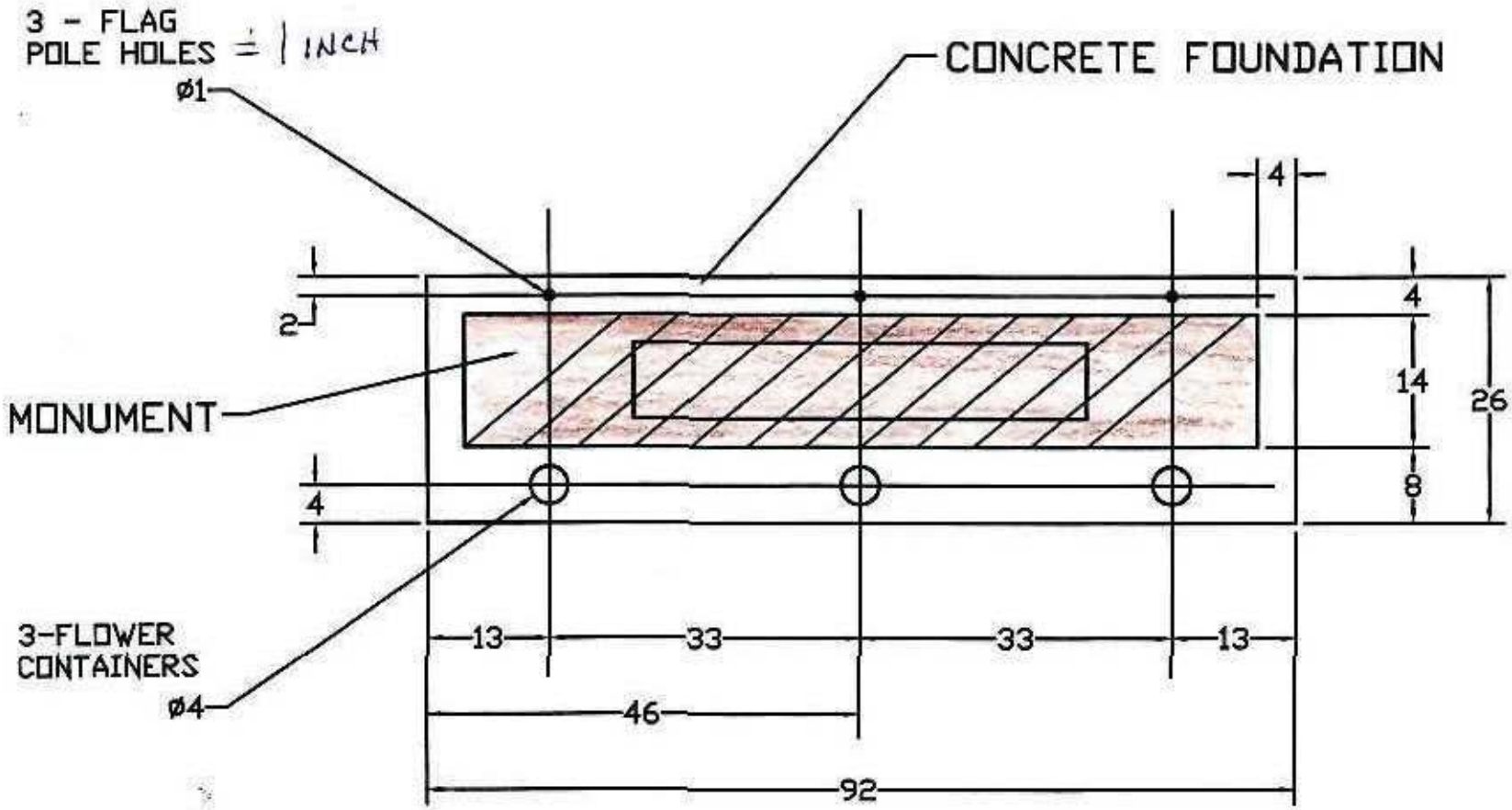
© Printed on recycled paper



VETERANS MEMORIAL - TOP VIEW

PERIMETER: 92"LONG x 26"WIDE

E-1817



VETERANS MEMORIAL - TOP VIEW

PERIMETER: 92"LONG x 26"WIDE

E18517

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgine Vanarum 225011

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. June 15th 12:00

Church, (Chapel) Graveside : HEATH Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3539 Grave 1

Grave space & Care Fund E-14343	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup E-14343	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	—
Paid receipt number	—
Balance due	Ø

fax 477-4130

E-14343

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name "

Address

City Zip Code

Telephone " See the attached fax

Paulette

Work Order # E 18518

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18518

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Charles			
		Gardner	X	VAN Arum	stewart	
			Garvin			

Blind Check Initiated By: Paulette Date: 6/14

Interment space for: Georgine VanArum

Interment Date: 6-15-04 Time: ?

Div: 10 Sect: ____ Blk/Row: ____ Lot: 3539 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-14-04

Flag

E-18518

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGINE	MARIE	VAN ARUM	10/07/1923	06/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Howard R. Van Arum - Son 353 El Monte Road El Cajon CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Ave., National City CA 91950	FD 807	▶ Howard R. Van Arum	06/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 13.00	06/14/2004	▶ Nancy L. Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA 92102	11B. DATE BURIED 6/15/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Armstrong	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

FAX 527-3403

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgine Vanarum

in a T.S. Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside HEATH Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned

Division 10 Section Blk/Row Lot 3539 Grave 1

Grave space & Care Fund	E-14343	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	E-14343	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
	Total Due	—
Paid receipt number		—
	Balance due	0

Fax 477-4130

I hereby certify I am the X daughter E-14343 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature]

Jean Johnson

Paulette

Work Order # E 18518

Print name

Address

City Zip Code

Telephone

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Services set for Tuesday 12 noon 6-15-2004 at Heath Funeral Home arrive 1:00

At Reed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Halvorsen, 208327

in a DD 2nd (Type of Burial Container) Funeral, date, time Fri 6/18 2:00

Church, Chapel, Graveside : Heathington Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 44 Grave 9

Grave space & Care Fund	R 7930
Overtime/Late Arrival Fees	
Opening/Closing & Setup	443 —
Burial Container	" —
Handling Fees	" —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	" —
Total Due	463 —
Paid receipt number	R 5769 463 —
Balance due	—

PAID

JUN 11 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Kurt Halvorsen
Print Name

X 5240 Maryland Ave
Address

X La Mesa CA 91942
City Zip Code

X 469-2607
Telephone

Invoice # _____

Work Order # E 18519

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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w/ gpan

MT HOPE CEMETERY E-18519

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Perry		
	PuFundt	PuFundt	X		Givens-Berry	
			Jackson			

Blind Check Initiated By: Pam Date: 6/11

Interment space for: Leroy Halvorsen

Interment Date: Tues 6/15 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 41 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARREYL Date: 6-14-04

E18519 17

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leroy	Anthony	Halvorsen	02/03/1925	06/11/2004	M

5A. CITY OF DEATH: La Mesa

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Kurt Halvorsen (Son), 5240 Maryland Ave., La Mesa, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Featheringill Mortuary: 6322 El Cajon Blvd., San Diego, CA 92115

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1083

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ M. Domingo

8B. DATE SIGNED: 06/14/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: 13.00

9B. DATE PERMIT ISSUED: 06/14/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2410592 M. Dominguez ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: P.O. Box 85222, San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery: 3751 Market St., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

pre-need
~~AT NEED~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/11/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY L. RENTFROW

in a (Wilber Vault) Type of Burial Container Funeral, date, time

Church, Chapel, Graveside ; TED MAYER FUN. HOME Mortuary.

SHERRY SCOTT 805)643-9977

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 1 Section 7 Blk/Row Lot 126 Grave 2

Grave space & Care Fund

Overtime/Late Arrival Fees

Opening/Closing & Setup 413.00

Burial Container Wilber Vault

Handling Fees

Flower vases – Marker setting fee 138.00

Recording/Filing/Transfer Fees 50.00

Sales taxes

Total Due 601.00

Fax 805653-5731

Paid receipt number

Balance due

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Print Name

Address

Signature

City Zip Code

Telephone

Paulette

Invoice #

Work Order # E 18520

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E-18520

DATE / TIME RECEIVED CALL: 6/11/04

CALL TAKEN BY: Paulette C.

RECEIVED CALL FROM:

☒ MORTUARY NAME: TED MAYER FUN. HOME (VENTURA)
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: SHERRY SCOTT
TELEPHONE NUMBER: (805) 643-9999
RELATIONSHIP TO DECEASED:

NAME OF DECEASED:

LAST NAME: Rentfrow
FIRST NAME: Mary Lou INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 1 SECT: 7 BLK/ROW: LOT: 126 GR: 2
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Grand Wilbert vault
(Cooper Vault)

(Insurance)

E-18520

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 6/15/04		From: Paulette
To: SHERRY SCOTT		Telephone #: (619) 527-3400
Telephone #: (805) 643-9977		Fax #: (619) 527-3403
Fax #: (805) 653-5731		Pages (including this cover sheet):
Subject: Pre-need ARRANGEMENTS		
of MARY L. RENTFROW		

COMMENTS: Please have Ms Rentfrow sign interment pre-need order and fax back to me @ 619-527-3403. These prices will possibly change after July 1, 2004.

Thanks Paulette

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 11, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Lehman & Louis McDaniel

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 987 Grave 1

Grave space & Care Fund ..... E-18335 ..... —0—

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup..... PAID ..... x 2 ..... 232.00

Burial Container ..... x 2 ..... 122.00

Handling Fees..... JUN 14 2004 ..... x 2 ..... 132.00

Flower vases – Marker setting fee ..... _____

Recording/Filing/T... MOUNT HOPE CEMETERY ..... x2 ..... 100.00

Sales taxes 9.46

Total Due 595.46

Paid receipt number Visa 595.46

Balance due —0—

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address on file

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 18521

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-14-04 AT 0:26 IN

Date June 14, 04

227982

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henrietta McAnally

in a liner (Type of Burial Container) Funeral, date, time Fri 8/18 12:30

Church, Chapel, Graveside : Heath Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 482 ~~1084/1177~~ ~~1002~~ Grave 1

Grave space & Care Fund	1095
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	209
Handling Fees	160
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	16.20
Total Due	1931.73
Paid receipt number M/C	1931.73
Balance due	0

PAID

JUN 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Gloria Downs

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Doris Downs
Print Name

X 1626 Villas Ct.
Address

X Bonita, 91902
City Zip Code

X 619-851-1458
Telephone

(619) 472 1836

Invoice # _____

Acct. # _____

Work Order # E 18522

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18522

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Hollins	Roy	Sonke		
			X	Hayes		
		Hasse		Caldwell		

Blind Check Initiated By: Pat Date: 6/15

Interment space for: Henrietta McAnally

Interment Date: Fri 6/18 Time: 1:00?

Div: 10 Sect: ____ Blk/Row: ____ Lot: 482 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No Flag M grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-16

E-18522

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HENRIETTA	-	McANALLY	02/08/1909	06/12/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gloria Downs - Daughter 4629 Villas Court Bonita CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home 611 Highland Ave., National City CA 91950	FD 807	[signature]	06/17/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/17/2004	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Box 85222, San Diego CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA 92102	11B. DATE BURIED 6-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 14, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonio Garibay 227665

In a DO Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 6 Section 4 Blk/Row Lot 64 Grave 8

Grave space & Care Fund	1755.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup 413 x 2	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees 50 x 2	100.00
Sales taxes	32.40
Total Due	3483.40
Paid receipt number R57655	3483.40
Balance due	0

PAID

JUN 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Antonio Garibay (Print Name)

351 E. Bradley Av. Sp #40 (Address)

El Cajon, CA. 92021 (City, Zip Code)

619-596-2605 (Telephone)

Invoice #

Acct. #

Work Order # E 18523

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

~~DA~~ AT
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06 10:04A10:43 RCVD

Date _____

227944

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eileen Sobarnia Walker

in a TS Vault (Type of Burial Container) Funeral, date, time WED'S JUNE 30th 10:00

~~Church, Chapel, Graveside~~ witness only: Feathering, CA Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 48 Grave 1

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number M/C	487.00
Balance due	1461.31

PAID
JUN 29 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Daniel Sobarnia

I hereby authorize the interment in lot I hold under deed.

Signature

Dan

DAN SOBARNIA
Print Name

822 SAN JUAN PL. #3
Address

SAN DIEGO CA 92109
City Zip Code

858 254-1966
Telephone

Invoice # _____

Work Order # E 18524

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18524

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Rogers					
		Hegel	X			
	Earhart					

Blind Check Initiated By: Pam Date: 6/29

Interment space for: Eileen Sobarnia

Interment Date: 6/30/04 Time: 10:00 G.S.

Div: 12 Sect: 2 Blk/Row: ____ Lot: 48 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: ____ Date: ____

E-18524

WALKER

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eileen	I.	Fillingham	04/28/1919	06/05/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Searcy	Arkansas	Ron Fillingham (Spouse) 603 S. Elm Paris, AR. 72855

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ M Dominguez	06/09/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	06/09/2004	2410386 M. Dominguez ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/30/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 21, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Frantsits 227946

in a Ash Vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row — Lot 2739 Grave 1

Grave space & Care Fund		547.50
Overtime/Late Arrival Fees		
Opening/Closing & Setup	3 x 116	348—
Burial Container	3 x 61	183—
Handling Fees	3 x 66	198—
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	3 x 50	150—
Sales taxes	3 x 4.73	14.19
Total Due		1440.69
Paid receipt number	R-57758	360.00
Balance due		1080.69

*note over

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Paid in full 04-04-05

X Print Name see attached

X Address

X City Zip Code

X 858) 277 2983 Telephone

Invoice # _____

Work Order # E 18525

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18525

FRANTSITS, NANCY 8825 Lassie Ln SD 92123 (858)277-2983
Div 10 Lot 2739 gr 1

			DEBIT	CREDIT	BALANCE
07-08-2004	Opened pre-need lot and trust to include		547.50		
	3 open/close, 3 ash vaults, 3 handeling fees,		893.10		1440.69
	3 recording fees and tax w/ 25% down R-57758.			360.00	1080.69
8-6-04	R-57852	#1		200.-/	880.69
9-3-04	57972	2		200-/	680.69
10/7/04	58107	3		200-/	480.69
11-3-04	58191	4		50-/	430.69
12-3-04	58280	5		50-/	380.69
1-4-05	58378	6		50-/	330.69
2-3-05	58577	7/8		100-/	230.69
2-4-05	58469	9		50-/	180.69
4-4-05	58704	8-24		180.69	∅

Trust

4/4/05 PAID in Full

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57852

Date: Aug. 6 , 20 04

From: Nancy Fantsits Address: on record

Two Hundred and 00 Dollars ($ 200.—)

in part Payment of Pre-need Lot + Trust.

Div 10 Sec Blk/Row Lot 2739 Grave 1

Invoice No. E-18525

Acct. No.

W.O.

BALANCE DUE $ 880.69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

3060

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 0 2 2004

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	200.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	200.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57972

Date: Sept. 3, 20 04

From: Nancy Grantsitsa Address: 8825 Classic Ln SD 92123

Dollars ($ 200.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 2739 Grave 1

Invoice No. E 18525

Acct. No.

W.O.

BALANCE DUE 680.69

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

3070

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 03 2004

MOUNT HOPE CEMETERY

ISSUED BY Ken Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	200	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58107

Date: October 7, 2004

From: Joseph & Nancy Frantsis Address: 8825 Lassie Lane San Diego 92123

Two-Hundred and 00/00 Dollars ($ 200.00)

in part. Payment of Pre-need lot + trust account.

Div 10 Sec _____ Blk/Row _____ Lot 2739 Grave 1

Invoice No. E-18525

Acct. No. _____

W.O. _____

BALANCE DUE $480.69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3081

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 07 2004

MOUNT HOPE CEMETERY

ISSUED BY DCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	200.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	200.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58191

Date: Nov. 3, 20 04

From: Nancy Frantsits Address: 8825 Lassie Lane. S.D. Ca. 92123

fifty 00 Dollars ($ 50 —)

in part Payment of pre-need lot and trust

Div 10 Sec Blk/Row Lot 2739 Grave 1

Invoice No. E-18525

Acct. No.

W.O.

BALANCE DUE 430 69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☐

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 03 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58280

12-03-04 09:29 PAID

Date: _____ 20 ____

From: Nancy Grantsits Address: 8825 Lassie Ln. S.D. 92123

fifty ~~00/100~~ Dollars ($ 50 —)

in part Payment of pre-need lot and trust

Div 10 Sec _____ Blk/Row _____ Lot 2739 Grave 1

Invoice No. E-18525

Acct. No. _____

W.O. _____

BALANCE DUE 380 69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 3 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	~~50~~ — M.V.
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58378

Date: Jan 4. , 20 05

From: Nancy Santisits Address: 8825 Lassie Ln. S.D. 92123

fifty ~~80~~ Dollars ($ 50 —)

in part Payment of pre-need lot & trust

Div 10 Sec Blk/Row Lot 2739 Grave 1

Invoice No. E-18525

Acct. No.

W.O.

BALANCE DUE 330 69

Pre-Need Lot At Need On Acct

Pre-need Trust X Cash Check ✓ 3112

NOT VALID FOR [illegible] UNLESS STAMPED "PAID" [illegible]

PAID

JAN - 4 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	50	—
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	50	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58469

Date: February 4, 2005

From: Nancy Frantsits Address: on record

Fifty and 00 Dollars ($ 50.00)

in part Payment of pre-need.

Div 10 Sec — Blk/Row — Lot 2739 Grave 1

Invoice No. E-18525

Acct. No.

W.O.

BALANCE DUE $ 280.69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

3127

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 04 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	50.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	50.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58577

Date: Mar 3, 2005

From: Nancy G. Frantsits Address: On record

One Hundred Dollars ($ 100 —)

in Part Payment of Pre-need lot / trust - (2 payments)

Div 10 Sec ____ Blk/Row ____ Lot 2739 Grave 1

Invoice No. E-19525

Acct. No. ____

W.O. ____

BALANCE DUE $ 180.69

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3134

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 02 2005

MOUNT HOPE CEMETERY

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	100.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58704

Date: 4/4, 2005

From: Nancy G. Frantsits Address: on record

One Hundred Eighty and 69/ — Dollars ($ 180.69)

in Full Payment of Pre-need lot in full.

Div 10 Sec — Blk/Row — Lot 2739 Grave 1

Invoice No. E-18525

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust X Cash | | Check | X | 3143

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 04 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	180.69
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	180.69

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

PM
Rec'd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 21, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Frantsits

in a Ash Vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row — Lot 2739 Grave 1

Grave space & Care Fund		547.50
Overtime/Late Arrival Fees		
Opening/Closing & Setup	3 x 116	348—
Burial Container	3 x 61	183—
Handling Fees	3 x 66	198—
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	3 x 50	150—
Sales Taxes	3 x 4.73	14.19
Total Due		1440.69

* note over

Paid receipt number _____

Balance due _____

I hereby certify I am the X Nancy Frantsits of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Nancy Frantsits
Print Name

X 8825 Lassie Lane
Address

X San Diego Ca. 92123
City Zip Code

X 1-858-277-2983
Telephone

Invoice # _____

Work Order # E 18525

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-16-04P01:27 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loren Machart 227887

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 137A Grave 1

Grave space & Care Fund ..... 1095 -

Overtime/Late Arrival Fees .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

PAID

FEB 13 2006

MOUNT HOPE CEMETERY

Paid in full on 2-13-06 Deed mailed 2/14 P-00123

Total Due ..... 1095 -

Paid receipt number Visa 274 -

Balance due 821. -

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

Mr. Loren D. Machart
Print Name

34072 Bedford Lane
Address

Dana Point 92629
City Zip Code

(949) 248-8875
Telephone

Invoice # _____

Work Order # E 18526

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00055

Date: 1/12, 20 06

From: Loren D. Machart Address: On record

thirty-four and 00 Dollars ($ 34.00)

in part Payment of Pre-need

Div 10 Sec — Blk/Row — Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $175.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	34.-
Trust	77186	
TOTAL PAID		$ 34.-

☒ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 6618

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59310

Date: 10/13, 2005

From: Loren Machart Address: on record

Thirty-Four Dollars ($ 34-)

in Part Payment of Pre-need Lot -

Div 10 Sec Blk/Row Lot 1376 Grave

Invoice No. E - 18526

Acct. No.

W.O.

BALANCE DUE $ 277

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 6547

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 13 2005

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

59067

Date: 8/11, 2005

From: L. Machart Address: on record

Thirty - Four Dollars ($ 34 -)

in part Payment of Pre - need Lots

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E 18526

Acct. No.

W.O.

BALANCE DUE $ 345 00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

6505

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 1 1 2005

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59204

Date: 9/22, 20 05

From Loren D. McCart Address: on record

Thirty-Four Dollars ($ 34—)

in part Payment of pre-need lot

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. LE-18526

Acct. No.

W.O.

BALANCE DUE $ 311.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6526

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 20 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59353

Date: 7/13, 20 05

From: Loren MacHart Address: On record

Thirty-Four and 00 Dollars ($ 34.00)

in Part Payment of pre-need lot account.

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $379.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6482

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 13 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58853

Date: 5/17, 2005

From: Loren Machart Address: on record

Thirty-four and 00 Dollars ($ 34.00)

in Part Payment of Pre need lot.

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E-13526

Acct. No.

W.O.

BALANCE DUE 447.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

6444

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 17 2005

MOUNT HOPE CEMETERY

ISSUED BY pCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34.-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58719

Date: April 11, 2005

From: Loren D. MacHart Address: on record

Thirty-Four and 00 Dollars ($ 34.00)

in part Payment of pre-need lot.

Div 10 Sec ____ Blk/Row ____ Lot 1376 Grave 1

Invoice No. E-18526

Acct. No. ____

W.O. ____

BALANCE DUE $ 481.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6411

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 05 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN [redacted]

MOUNT HO[redacted]RY
(619) 527-3400

58627

Date: 3/15, 2005

From: Loren D. MACHART Address: on record

Thirty-Four Dollars ($ 34.00)

in part Payment of Pre-need lot acc.

Div 10 Sec — Blk/Row — Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $ 515.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 6399

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 14 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Delgado

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58413

Date: Jan 14, 20 05

From: Loren Machart Address: 34072 Bedford Rn

thirty four 00/100 Dollars ($ 34 -)

in part Payment of pre-need lot

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE 583 -

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

6343

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN 14 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34	-
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	-

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58219

Date: Nov. 9, 20 04

From: Loren Machart Address: 34072 Bedford Ln. Dana Point, CA. 92629

thirty-four 00/100 Dollars ($ 34 —)

in part Payment of pre-need lot

Div 10 Sec _____ Blk/Row _____ Lot 1376 Grave 1

Invoice No. E-18526

Acct. No. _____

W.O. _____

BALANCE DUE 651 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6303

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

NOV 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58144

Date: Oct 18 20 04

From: Karen Maehart Address: 34072 Bedford Ln Dana Point 92629

Dollars ($ 34.00)

In part Payment of pre need

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E 18526

Acct. No.

W.O.

BALANCE DUE 685.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 6283

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS SPACE.

PAID

OCT 18 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58020

Date: Sept 16 20 04

From: Doreen Machart Address: 34072 Bedford Dr Dana Point 92629

Dollars ($ 34.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E18526

Acct. No.

W.O.

BALANCE DUE 719.—

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 6257

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57900

Date: 8/16, 2004

From: Loren D. Machart Address: On record

Thirty-Four and 00 Dollars ($ 34.00)

in part Payment of Pre need lot acct.

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE 753 00

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

6232

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FACE

PAID

AUG 16 2004

MOUNT HOPE CEMETERY

ISSUED BY Prawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57770

Date: July 9, 20 04

From: Loren Machart Address: 34072 Bedford Dr Dana Point 92629

Dollars ($ 34.00)

in part Payment of pre need

Div 10 Sec Blk/Row Lot 1376 Grave 1

Invoice No. E 18526

Acct. No.

W.O.

BALANCE DUE 787.00

Pre-Need Lot At Need On Acct

Pre-need Trust Cash Check 6207

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Dan Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

12-14-04 14:05 PAID 58317

Date: Dec. 14, 2004

From: Loren Machart Address: 34072 Bedford Ln. Dana Point, CA. 92629

thirty-four 00/100 Dollars ($ 34-)

in part Payment of pre-need lot

Div 10 Sec Blk/Row Lot 1376 Grave

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE 617-

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X 6325

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 14 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58518

Date: February, 20 05

From: Loren D. Machart Address: on record

Thirty Four and 00 Dollars ($ 34.00)

in Part Payment of Pre need lot only.

Div 10 Sec — Blk/Row — Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $ 549.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 6373

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 15 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34.	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58938

Date: 6/10, 20 05

From: Loren D. Machart Address: on record

Thirty-Four Dollars ($ 34.—)

in part Payment of Pre-need lot account

Div 10 Sec — Blk/Row — Lot 1376 Grave 1

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $413—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 10 2005

D. Aulette

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	34—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

R- 59389

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: November, 20 05

From: Loren D Machart Address: on record

thirty-four and 00 Dollars ($ 34.00)

in Part Payment of Pre-need lot.

Lot 1376 Grave Row Section 1 Division ~~Block~~ 10

Invoice No. E-185216

Acct. No.

W.O.

BALANCE DUE $ 243 —

Pre-Need Lot X | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | X

6570

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 0 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	34 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 —

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00123

Date: 2/13, 20 06

From: Loren D. M Address: On record

One Hundred Seventy-Five and 00 Dollars ($ 175.—)

in part Payment of Pre-need Paid in full

Div 10 Sec — Blk/Row — Lot 1376 Grave —

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $ Ø

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☒ Check 6648

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

FEB 13 2006

MOUN

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	175.—
Trust	77186	
TOTAL PAID	$	175—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

R-59490

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12/13, 2005

From: L. Machart Address: on record

Thirty-Four Dollars ($ 34 —)

in part Payment of Preneed Lot

Lot 1376 Grave 1 Row — Section — Division Block 10

Invoice No. E-18526

Acct. No.

W.O.

BALANCE DUE $ 209 —

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 6592

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	10	00
20% Sales Care	77184	24	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

Pin# 227887 payment due 16th of each month monthly -$34.00

E-18526

MACHART, LOREN 34072 Bedford in Dana Point CA 92629 (949)248-8875

			CREDIT	DEBIT	BALANCE
06-16-2004 Opened pre-need trust w/ 25 % down					
10,,,1376,1		20% 274 -	1095.00	274.00	821.00
7-9 04 R-57770	coupon 1	30 July 2004		34.00	787.00
8/16/04 57900	coupon 2	aug 2004		34 -	753.00
9-10 04 58020	3	Sept 2004		34 -	719 -
10-18 04 58144	4	Oct 2004		34 -	685 -
11-9-04 58219	5	NOV 2004		34	651 -
12-14-04 58317	6	Dec 2004		34	617 -
1-14-05	7	Jan 2005		34.00	583.00
2-15-05 R-58518	8	Feb 05		34.00	549.00
3-14-05 R-58627	9	Mar 05		34.00	515.00
4-11-05 R-58719	10	April 05		34.00	481.00
5-17-05 R-58853	11	May 05		34 -	447 -
6/10/05 R-58938	12	June 05		34 -	413 -
7-11-05 R-59067	13	July 05		34 -	379 -
8-22-05 R-59204	15	aug 05		34 -	345
9-18-2005 R-59353	#135	Sept 05		34 -	311 -
10/13/05 R-59310	16	Oct 05		34 -	277 -
11/10/05 R-59389	17	NOV 05		34 -	243 -
12/13/05 R-59490	18	Dec 05		34 -	209 -

Balance over

E-18526

MACHART, LOREN D
DIV 10 - LOT 1376

			DEBIT	CREDIT	BALANCE
12/13/05		Balance Forwarded			209.-
1-12-06	P-00055	Coupon #19 Jan 06 Remaining to 20%		34.00	17[illegible]
2-13-06	P-00123	Coupons 20 24		175-	Ø

Paid in full
2-13-06
by ck P00123

Pre nuck lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-16-04P01:27 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carole Jonason 227888

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1377 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

PAID

NOV 2 4 2004

MOUNT HOPE CEMETERY

Paid-in full by visa card $651.00

Total Due ..... 1095 –

Paid receipt number N/C 274 –

Balance due 821 –

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Carole M. Jonason
Print Name

427 Hotz St.
Address

Spring Valley 91977
City Zip Code

(619) 475-2300
Telephone

Invoice # _____

Work Order # E 18527

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E18527

MOUNT HOPE CEMETERY
(619) 527-3400

58110

Date: October 7, 2004

From: Carole M Jonason Address: on record
Thirty-four and 00 Dollars ($ 34.00)
in part Payment of Pre-need lot account.

Div 10 Sec _____ Blk/Row _____ Lot 1377 Grave 1

Invoice No. E-18527

Acct. No. _____

W.O. _____

BALANCE DUE $ 685.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

4691

NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.

PAID

OCT 07 2004

MOUNT HOPE CEM

ISSUED BY P Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34.00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58224

Date: Nov. 10 20 04

From: Carole Jonason Address: 427 Hoty st SV 91977

Dollars ($ 34.00)

In part Payment of pre need

Div 10 Sec Blk/Row Lot 1377 Grave 1

Invoice No. E 18527

Acct. No.

W.O.

BALANCE DUE 651.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 4731

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hoyo

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57773

Date: July 12, 20 04

From: Carole Jonason Address: 427 Hotz st. SV 91977

Dollars ($ ~~78 PHO~~ 34.00)

in part Payment of pre need

Div 10 Sec Blk/Row Lot 1377 Grave 1

Invoice No. E18527

Acct. No.

W.O.

BALANCE DUE 787.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

4584

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 12 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hood

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	34	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	34	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57862

Date: Aug 4, 20 04

From: Carole Jonasen Address: 427 Hotz St. SV 91977

Dollars ($ 34.00)

in part Payment of pre-need

Div 10 Sec Blk Lot 1377 Grave 1

Invoice No. E18527

Acct. No.

W.O.

BALANCE DUE 753.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 4623

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 04 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58001

Date: Sept 13, 20 04

From: Carole Jonasen Address: 427 Holly st. SV 91977

Dollars ($ 34. —)

in part Payment of pre-need

Div 10 Sec _____ Blk/Row _____ Lot 1377 Grave 1

Invoice No. E 18527

Acct. No. _____

W.O. _____

BALANCE DUE 79.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 4404

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 13 2004

MOUNT HOPE CEMETERY

ISSUED BY Tam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	34 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	34 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E-18527

JONASON, CAROLE 427 Hotz st SV 91977 (619)475-2300

		DEBIT	CREDIT	BALANCE
06-16-2004	Opened pre-need lot w/ 25% down by M/C	1095.00		
	10,,,1377,1		274.00	821.00
7-[illegible]-04	R57773 coupon 1 20% = 219		34.00	787.00
8-[illegible]-04	57862 2 80% = 876		34.00	753.00
9-13-04	58001 3		34.00	719.00
10-7-04	58110 4		34.00	685
11-10-04	58224 5		34.00	651
11-24-04	Paid balance by Visa Card		651.-	0

PAID

NOV 24 2004

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego 06-16-04P01:39 PAID

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GABRIELA CALHOUN 227898 12:30

in a T. S. VAULT (Type of Burial Container) Funeral, date, time THURS. JUNE 17

Church, Chapel, Graveside _____ CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 245 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	30.00
Sales taxes	21.31
Total Due	1958.31
Paid receipt number R57663	1958.31
Balance due	0

PAID

JUN 16 2004

MOUNT HOPE CEMETERY

$10 credit

I hereby certify I am the * Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Steve Calhoun
Print Name

744 Goetsch st
Address

SAN DIEGO 7214
City Zip Code

262-4481
Telephone

Paulette

Work Order # E 18528

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18528

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		William				
		standard	X	Taylor	Calhoun	
				Len	Jenkins	

Blind Check Initiated By: Paulette C. Date: 6/16/04

Interment space for: Gabriela Calhoun

Interment Date: Thurs. 6/17 Time: 12:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 245 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: 6-16

E-18528

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GABRIELA	F.	CALHOUN	04/30/1964	06/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	STEVEN CALHOUN-HUSBAND 744 GOETSCHL ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE., NATIONAL CITY, CA 91950	FD-1689

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Victoria Mitchell	06/14/2004

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		$13.00	06/15/2004 v. mitchell	▶ 2410632

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6/17/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED
NO chairs

Date 6/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isaiah Stephens ~~X~~ 227934

in a Ash Vault (Type of Burial Container) Funeral, date, time Fri 6/25 2:00

Church, Chapel, Graveside Witness : CABURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ JANETTE

will be applied and billed to undersigned.

Division 9 Section 2 Blk/Row ____ Lot 639 Grave 1

Grave space & Care Fund	215.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	512.73
Paid receipt number R-57664	512.73
Balance due	0

PAID
JUN 16 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Lillie Turner
Signature

Lillie Turner
Print Name

4245 Delta #2
Address

San Diego Ca 92113
City Zip Code

619) 2637034
Telephone

Paulette
Work Order # E 18529

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18529

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Hartman		
			X			

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Isaiah Stephens

Interment Date: Fri 6/25 Time: 2:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 1639 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: R. C. Brown Date: 6-24-04

E 18529

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ISAIAH	LAMONT	STEPHENS	03/25/1982	06/11/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANCES TURNER- MOTHER 4245 DELTA ST. #1 SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	06/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/23/2004 J.BENYARD	▶ 2411212

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-16-04P02:52 RCVD
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Faavaatiua Poumele 227914

in a liner (Type of Burial Container) Funeral, date, time Mon 6/21 11:00

Church, Chapel, Graveside 1st Samoan ; SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 55 Grave 9

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases - Marker setting fee	137.50
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1970.70
Paid receipt number R57676	1970.70
Balance due	0

PAID
JUN 1 8 2004 pd
MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pays

I hereby authorize the interment in lot I hold under deed.

X _____
Print Name

X _____
Address

See attached

X _____
City Zip Code

X _____
Telephone

Signature

Pan

Invoice # _____

Work Order # E 18530

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18530

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Duncan				
	Wilson	Portillo	x	Campbell		
		Sherman		[illegible]	House	

Blind Check Initiated By: Pam Date: 6/16

Interment space for: Faavaatiua Paumele

Interment Date: Mon 6/21 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 55 Gr: 9

Grave Laid out by: C. Warren

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/18/04

E-18530 53

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FAAVAATUIA	F.	POUMELE JR.	02/01/1951	06/15/2004	M

5A. COUNTY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BETTY KIRISIMASI-SISTER 4609 CRAIGIE ST. SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ [signature]	06/21/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	J. LEMON JR.	▶ 2410973

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-21-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-16-04P02:52 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Faavaatiua Poumele

in a Liner (Type of Burial Container) Funeral, date, time Mon 6/21 11:00

Church/Chapel, Graveside 1st Samoan SD Memorial Mortuary

All Funeral Care must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 55 Grave 9

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1833.20

Paid receipt number _____

Balance due _____

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in my hand under deed.

[signature]

Pan

X Magabi (Bettie) Kreisinasi
Name of Signature
X 4609 George St.
Address
X San Diego CA 92102
City Zip Code
X 619-262-9700
Telephone

Invoice # _____

Work Order # E 18550

Acct # _____

This information is available in alternative formats upon request.

© Printed on recycled paper

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/16/04

227206

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of REGINALD CHARLES MCCLENDON in a T.S. Vault (Type of Burial Container) Funeral, date, time SAT. JUNE 19th 12:00 Church, Chapel, Graveside _____ : ~~RAGSDALE~~ CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1368 Grave 1

Grave space & Care Fund	1095.00
Overtime/Late Arrival Fees	660.00
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees Sirion	204.00
Flower vases – Marker setting fee	189.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	2907.94
Paid receipt number	~~R 57670 2907.94~~
Balance due	~~0~~

PAID

JUN 17 2004

MOUNT HOPE CEMETERY

R-57681 $822.94

Visa Card $2085.00

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Jamila McClendon
Print Name

610 W. 108th St.
Address

LA, CA 90044 ~~90050~~
City Zip Code

323-528-8587
Telephone

Paulette

Invoice # _____

Work Order # E 18531

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18531

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Halshaw	Halshaw	Collins		
		John	x		Green	
		Pfeffer	Jones	Williams		

Blind Check Initiated By: Dam Date: 6/17

Interment space for: Reginald C. McClendon

Interment Date: Sat. June 19th Time: 12:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1368 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-17-04

Mr. Wilson E-18531
923893

Ronald Green Wilson

Victims Compensation

re- market set fee

12-1-44-11

501-9126

E18531

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
REGINALD	CHARLES	MCCLENDON	08/25/1955	06/14/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	RACHELLE McCENDON-ALEXANDER-DAUGHTER 610 WEST 108TH ST. LOS ANGELES, CA 90044

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD01357	▶ [signature]	06/17/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/17/2004 J?BENYARD	▶ 2410834

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18531

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

02/18/04 14:47:47 SWIPE

VS XXXXXXXXXXXX87769

AUTH# 048754 REF# 61002001

SALE $ 2085.00

TOTAL $ 2085.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

Cecelia Murphy

CECELIA MURPHY

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18531
Interment of
Reginald C. McClendon
10-1368

CITY OF SAN DIEGO DEPARTMENT DA DCR No.

f18531

DAILY CASH RECEIPTS

Park & Recreation/Mount Hope Cemetery June 22 2004

2004-0024347
06-28-2004/09:57 AM
USER:1 Amount:$4,194.20
5634 MT HOPE CEMETERY MERCHANT CARD DCR
002-0001158

EXPLANATION	FUND (16-21)	DEPT (22-27)	ORG.LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
Credit cards							
interment of Paula Elmore, Reginald	67007			77184			219.00
McClendon	100	072		77184			1,911.00
pre-need for Eileen Sobarnia, Loren	100	072		77181			413.00
Machart, Carole Jonason	100	072		77182			484.00
marker set fee for Shakir Jack, Farris	100	072		77185			165.00
Davidson	100	072		77183			986.00
	63033			77186			0.00
	60101			78390			16.20

PREPARED BY	DEPOSITED BY: MS 72	AUDITED BY:	KEY PUNCH		
Pam Hetzel X73400	**Mt. Hope Cemetery**		DATE:		**$4,194.20**

AC -1221 (REV. 7-79)

E-18531

MESSAGE CONFIRMATION

10/16/2006 09:43
ID=SD MT. HOPE CEMENTERY

DATE	S.R-TIME	DISTANT STATION ID	MODE	PAGES	RESULT	
10/16	01'02"	3237790565	CALLING	03	OK	0000

10/16/2006 09:42 SD MT. HOPE CEMENTERY → 913237790565 NO.587 P01

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 10-16-06
To: Attention: Alexander
Telephone #:
Fax #:
Subject: re: Reginald McClendon

From: Paulette
Telephone #: (619) 527-3400
Fax #: (619) 527-3403
Pages (including this cover sheet).

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57681

Date: June 18, 20 04

From: Cecelia M. Murphy Address: 92-109 Awawaloa Pl. Kapolei Hi 96707

Eight Hundred Twenty Two 94 — Dollars ($ 822.94)

in part of Visa Payment of Interment of Reginald Mc Clendon

Div 10 Sec _____ Blk/Row _____ Lot 1368 Grave 1

Invoice No. E-18531

Acct. No. _____

W.O. _____

BALANCE DUE from Visa

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

CC #1037924

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	219.00
80% Sales	100	
of Lots	77184	278.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	302.50
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	23.44
	78390	
TOTAL PAID	$	822.94

323-779-0565

E18531

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

Date: 10-16-06	From: Paulette
To: Attention: Alexander	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax #:	Pages (including this cover sheet):
Subject: re: Reginald McClendon	

COMMENTS:

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-16-04P03:37 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Berthella Cannon 227400

in a DD 1st Type of Burial Container Funeral, date, time Fri 6/18 11:00

Church, Chapel, Graveside St Stevens : Bishop Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 56 Grave 5

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R 57667	1833.20
57674	417.20
Balance due	0

PAID

JUN 17 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X See attached
Print Name

X 1272 Leaf Terr
Address

X SD 92114
City Zip Code

X (619) 263 7169
Telephone

Invoice # _____

Work Order # E 18532

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18532

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Earnhart	Earnhart			
Hiatt	Kinamore	maxwell	x	STOKES	SCHOSSOW	
Turner		Dudley				

Blind Check Initiated By: Paulette Date: 6/14/04

Interment space for: Berthed a Cannon

Interment Date: Fri 6/18 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 56 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M Constemaster Date: 6/17/04

E18532
44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Bertheda	Louise	Cannon	08/17/1959	06/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Matischa Cannon, Daughter 4230 44th Street Apt.5 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bishop Mortuary 3444 Citrus St.,Lemon Grove, CA 91945	FD-1673	▶ Katrina Lamar	06/16/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	K. Lamar 06/15/2004	▶ 2410657

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 6 18 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Lamar	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-16-04P03:37 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Berthilda Cannon

in a DD 1st Type of Burial Container Funeral, date, time Fri 6/18 11:00

Church, Chapel, Graveside St Stevens ; Bishop Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 54 Grave 5

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R57667	1833.20
57674	417.30
Balance due	0

PAID
JUN 17 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed

Signature

[signature]

X Yvonne James
Print Name

X 9272 Leaf Terr
Address

X SD 92114
City Zip Code

X (619) 263 7169
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18532

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6/18/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RALPH EVANS 227923

in a D.D. CRYPT "A" (Type of Burial Container) Funeral, date, time WED'S JUNE 23 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165.00 will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 242 Grave 6

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	25.85
Recording/Filing/Transfer Fee	50.00
Sales taxes	32.40
Total Due	2276.25
Paid receipt number R-57677	2000.00
R-57678 Balance due	276.25

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the WIFE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

Print Name GWENDOLYN EVAN

Address 3822 43RD ST #2

City SAN DIEGO CA Zip Code 92105

Telephone 619 281-4957

Invoice # _____

Acct. # _____

Work Order # E 18533

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18533

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Nunez			
					TING	
			X	Lucero	Hamilton	
				Shea	Smith	

Blind Check Initiated By: Paulette Date: 6-21-04

Interment space for: Ralph Evan

Interment Date: 6/23/04 Time: 11:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 242 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: Kenneth Collier Date: 6/21/04

E-18533 59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RALPH	-	EVANS	09/17/1946	06/14/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GWENDOLYN EVANS-WIFE 3822 43RD ST. #2 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	▶ Olivia Lynch	06/17/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/18/2004 G. LYNCH	▶ 2410943

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 6/23/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At med

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-18-04P02:23 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Santiago, 227915

in a liner Funeral, date, time Tues 6/22 10:00

Type of Burial Container

Church, Chapel, Graveside : Guadalupe Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 83 Grave 1

Grave space & Care Fund	985 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	43 -
Burial Container	205 -
Handling Fees	160 -
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 -
Sales taxes	16.20
Total Due	1833.20
Paid receipt number RS279	1833.20
Balance due	0

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

See attached

Invoice #

Work Order # E 18534

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-18-04P02:23 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Santiago

in a Lines (Type of Burial Container) Funeral, date, time Tues 6/22 10:00

Church, Chapel, Graveside _____ : Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 83 Grave 1

Grave space & Care Fund	985 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 -
Burial Container	209 -
Handling Fees	160 -
Flower vases – Marker setting fees	
Recording/Filing/Transfer Fees	50 -
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R37679	1833.20
Balance due	0

PAID

JUN 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Lucia Garcia of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paid Name

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 18534

Acct. # _____

RSA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18534

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	-	SANTIAGO	07/24/1935	06/17/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	LUCIA GARCIA-DAUGHTER 4380 TREMONT ST. SAN DIEGO, CA. 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425	▶ Selene Chavez	06/18/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	SELENE CHAVEZ 06/21/2004	2410983 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 6-22-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

X-Fer

E-7060

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 21, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to: Venetia Thornton 227956

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 111 Grave 5

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... from Willie Bryan 50.—

Sales taxes ..... _____

PAID

JUL 0 8 2004

MOUNT HOPE CEMETERY

224358

Total Due ..... 50—

Paid receipt number RS7768 50—

Balance due —0—

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

see attached

_____
Signature

Pam

Invoice # _____

Work Order # E 18535

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18535

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: June 21, 2004

I/We Willie Boykin

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Veneta Thornton
Street Address: 3638 Lyon Ave Apt / Unit #:
City: ~~San Diego~~ Oakland ST: ~~CA~~ CA Zip-Code: 94601
Telephone #: ~~(619)~~ (510) 532-5900

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 12 Section: "2" Blk / Row: "N/A"
Lot(s): 111 Grave(s): 5

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 30 day June 2004

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

Kellie R Wilson — WITNESS
Willie G Boykin — Legal Owner / Reprehensive Signature

WITNESS
Legal Owner / Reprehensive Signature

Pamala Hetzel
CEMETERY REPREHENSIVE NAME
Cemetery Reprehensive Signature

Sworn to and subscribed to me this the 30. day of June 2004 by Willie Boykin

Kellie R Wilson

KELLIE R. WILSON
Notary Public
STATE OF TEXAS

Attend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04A10:04 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Millie King 227937

in a liner (Type of Burial Container) Funeral, date, time Fri 4/25 1:00

Church, Chapel, Graveside _____ ; Rapdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 210 Grave 6

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57718	1833.20
Balance due	0

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature

Pan

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Work Order # E 18536

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Attend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04A10:04 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Millie King

in a Liner (Type of Burial Container) Funeral, date, time Fri 4/23 1:00

Church, Chapel, Graveside _____ : Rapdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 210 Grave 6

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	116.20
Total Due	1833.20

Paid receipt number _____

Balance due _____

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature

Paul Heustee
Print Name

X 4227 Chamoune Avenue #315
Address

X San Diego, CA 92115
City Zip Code

X (619) 584-1144
Telephone

Invoice # _____

Work Order # E 18536

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18536

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Colson		
	Bennett		X	Smith		

Blind Check Initiated By: Pam Date: 6/21

Interment space for: Millie King

Interment Date: 6/25 Fri Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 210 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-22-21

E-18536

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Millie	Ann	King	03/17/1928	FND 06/18/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Albert L. Houston, Son 4227 Chamoune Avenue #315 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	06/23/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/22/2004	2411117 B. Campbell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/25/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Rud Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 21, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elsa Stack 227895

in a liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 1351 Grave 1

Grave space & Care Fund	D 3028 ~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	100 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	848.20
Paid receipt number R57683	848.20
Balance due	~~0~~

PAID

JUN 21 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Sharon Kelly (Print Name)

14411 Calicoffield dr (Address)

Cypress TX 77429 (City, Zip Code)

281) 304 1832 (Telephone)

Invoice # _____

Work Order # E 18537

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18537 4/18/04 - Fri.

Pamala Hetzel Dr To Whom It May Concern:

As per my telephone conversation, I am sending so that I can lock in the fee for open & close and concrete encasement for my mother, Elsa C. Stock whenever she passes away. Our plot for her is in Div 8, Sec. 1, Lot 1351. She is to be buried next to my father, Erwin R. Stack.

If you have any questions please call me in Houston at 281-304-1832. Also, please send me a receipt and confirmation that this has been taken care of.

Thank you,

Sharon L. Kelly
14411 Calico Field Dr.
Cypress, Tx. 77429

At Rud

DID 2nd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-21-04 P12:57 IN

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paula Elmore 207768

in a Oimer (Type of Burial Container) Funeral, date, time Wed 6/23 12:00

Church, Chapel, Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2807 Grave 1

Grave space & Care Fund C-7488 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... 413 –

Burial Container ..... 209 –

Handling Fees ..... 160 –

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees ..... 50 –

Sales taxes 16.20

Total Due 848.20

Paid receipt number Visa 848.20

Balance due 0

PAID

JUN 21 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Karen E. Taylor
Print Name
X PO Box 712948
Address
X Santee CA 92072
City Zip Code
X (619) 258-7775
Telephone

Invoice # _____

Work Order # E 18538

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Leslie DIP

MT HOPE CEMETERY

E/8538

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Kraft		Driscoll		
	Anthony	Taylor	X		Teixeira	
		Alderton	Donnan			

Blind Check Initiated By: Pam Date: 6/21

Interment space for: Paula Elmore

Interment Date: Wed 6/23 Time: 12:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2807 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-21-04

E18538

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAULA	-	KLMORE	01/30/1919	06/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	KAREN E TAYLOR-DAUGHTER PO BOX 712948 SANTEE, CA 92072

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ K R	06/22/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/23/2004 K JONES	2411124 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 6-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pengu	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06 21 04 P02:51 IN

Date _____

227964

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kirk Finley

in a _____ Funeral, date, time Thurs 7/6 1:00

Type of Burial Container

Church, Chapel, Graveside _____ ; Ragpdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 458 Grave 1

Grave space & Care Fund	330 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116 —
Burial Container	
Handling Fees	
Trim Ground Flower vases - Marker setting fee Temp Marker	
Recording/Filing/Transfer Fees	50 —
Sales taxes	
Total Due	496 —
Paid receipt number R-57692	496 —
Balance due	Ø

PAID

JUN 21 2004

MOUNT HOPE CEMETERY

R 57701 4/23

I hereby certify I am the X Alzie L. Finley Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Alzie L. Finley
Print Name

X 9209 Kenwood Dr. #7
Address

X Spring Valley CA. 91977
City Zip Code

X 619-6977288
Telephone

Invoice # _____

Work Order # E 18539

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18539

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Buckley				
	Low					
			X			

Blind Check Initiated By: Pam Date: 6/21

Interment space for: Kirk Finley

Interment Date: _____ Time: AM

Div: 8 Sect: 4 Blk/Row: _____ Lot: 458 Gr: 1

Grave Laid out by: _____

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Plag on grave

Blind Check & Verified By: _____ Date: _____

E-18539 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Kirk	Ardell	Finley	01/29/1959	06/13/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Alzie L. Finley, Wife 9209 Kenwood Drive #7 Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	06/15/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/17/2004 B. Campbell	2410826 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Herman Langua	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc. 2570 Fortune Way; Vista, CA 92083	12B. DATE CREMATED 6/24/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S W Schock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 6/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arturo Spates 227921 1:00

in a T. VAULT (Type of Burial Container) Funeral, date, time Tues June 22

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 55 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
GROUND TRION Flower vases – Marker setting fee	51.69
	50.00
Recording/Filing/Transfer Fees	101.69 P.C
Sales taxes	21.31
Total Due	2000.00
Paid receipt number R-57693	2000.00
Balance due	Ø

PAID
JUN 22 2004
MOUNT HOPE CEMETERY

06-22-04 P03:32 IN

I hereby certify I am the Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: BRIAN TOMLINSON

Address: PO BOX 85000

City: San Diego Zip Code: CA 92186-5000

Telephone: 619 296 1206

PAM Paulette

Work Order # E 18540

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18540

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					Allen	
	Perkoff		X			
		Jones			Glover	

Blind Check Initiated By: Pam Date: 6/18

Interment space for: Arturo Spates

Interment Date: June 19 22 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 55 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 6-22-0

E18540 74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Arturo	-	Spates	04/18/1930	06/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Patricia Spates, Wife 1311 San Miguel Avenue Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Clare Campbell	06/15/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/16/2004 B. Campbell	2410755 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-22-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-22-04P02:54 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wun Sik Wong 227929

in a liner (Type of Burial Container) Funeral, date, time Thurs. 6/24 1:00

Church, Chapel, Graveside : Mulkey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 145 Grave 1

Grave space & Care Fund ..... E 8744 — 0

Overtime/Late Arrival Fees .....

Opening/Closing & Setup ..... 413 —

Burial Container ..... 209 —

Handling Fees ..... 160 —

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees ..... 50 —

Sales taxes 16.20

Total Due 848.20

Paid receipt number m/c 848.20

Balance due — 0 —

PAID

JUN 22 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x NEPHEW of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name Chun Yin IP

Address Flat 3, 1/F, Man Shun House, Chun Man Court, Homantin,

City Kowloon, Hong Kong Zip Code

Telephone +852 27143041

Invoice # _____

Work Order # E 18541

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18541

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Sun		Liu		
			X	Ding		
		Liu		Tom		

Blind Check Initiated By: Pam Date: 6/22

Interment space for: Wun Sik Wong

Interment Date: Thurs 6/24 Time: 1:00

Div: 11 Sect: 3 Blk/Row: ____ Lot: 145 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/22/04

E-18541

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WUN SIK	-	WONG	12/20/1934	06/01/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARCO de la TOBA - D.P.A. 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE - SAN DIEGO, CA 92103	FD119	▶ [signature]	06/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/23/2004 J.J.CALLAHAN	2411196 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/24/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED Total of 15 CHAIRS

06-22-04P03:17 Date 6/22/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EDWARD H. RAMSEY III 227931

in a LINER (Type of Burial Container) Funeral, date, time FRIDAY JUNE 25 10:00

Church, Chapel, Graveside _____ ; RAGSDALE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 83 Grave 9

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57696	1833.20
Balance due	Ø

PAID
JUN 22 2004
MOUNT HOPE CEMETERY

I hereby certify I am the MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Patricia Ramsey
Signature

PATRICIA RAMSEY
Print Name

711 ESCUELA ST
Address

SAN DIEGO 92102
City Zip Code

619-2692276
Telephone

Paulette

Work Order # E 18542

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18542

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Reese			
	Pierson		X			
			Minar			

Blind Check Initiated By: Paulette Date: 6/23

Interment space for: Edward H. Ramsey III

Interment Date: 6/25/04 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 83 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 6-23-04

E18542

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Edward	Harold	Ramsey, III	02/01/1977	06/19/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Patricia A. Ramsey, Mother 711 Escuela Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Dan Langben	06/22/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/23/2004 B. Campbell	2411208 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kara F. Lamson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-23-04 AU8:12 IN

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie Percy 222048

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs 6/24 1:00

Church, Chapel, Graveside Christ United ; Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1457 Grave 1

Grave space & Care Fund	1095 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	21.31
Total Due	2058.31
Paid receipt number R 57697	2058.31
Balance due	

PAID

JUN 23 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Shannon Percy
Signature

Pam

X Shannon Percy
Print Name

X 5782 Cumberland St.
Address

X San Diego Ca. 92139
City Zip Code

X 479-2828
Telephone

Invoice # _____

Work Order # E 18543

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT HOPE CEMETERY E-18543

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Webb		Stephens		
	Pettyman	Carson	X	Sandberg		
	Snyder			Rem		

Blind Check Initiated By: Pam Date: 6/23

Interment space for: Willie Percy

Interment Date: Thurs 6/24 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1457 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C Dunn Date: 6-23-04

E 18543

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willie	Ethel	Percy	04/20/1911	06/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Shannon Percy, Son 5782 Cumberland Street San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	06/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/23/2004 B. Campbell	2411167 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

X per

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 23, 04

227903 227904

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry & Annette Yates

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 1 Section 2 Blk/Row _____ Lot 67 Grave 3 & 4

Grave space & Care Fund	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing Transfer Fees	50.00
Sales taxes	
Total Due	50.00
Paid receipt number A57698	50.00
Balance due	0

PAID
JUN 23 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 18544

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18544

Frank Robbins
10313 NE 41st Ct.
Vancouver, WA 98686

May 28, 2004

Mt. Hope Cemetery
3751 Market Street
San Diego, California

To Whom it May Concern:

As you see by the accompanying letter written in 1979, my cousin, Leon G. Byerly Jr, assigned plots 3 and 4 to my wife and me.

I now hereby authorize the two plots 3 and 4 to be assigned to my niece Annette Burr Scates and to her husband Jerry.

Sincerely,

Frank D. Robbins

Frank D. Robbins

Witnessed by:

Nancy I. Miskell

NANCY I. MISKELL

NANCY I. MISKELL
COMMISSION EXPIRES
NOTARY
PUBLIC
APRIL 1, 2007
STATE OF WASHINGTON

Date 5/28/04

E-18545

Annette Elizabeth Burr Scates
13654 S. Selina Drive
Yuma, Az 85367

June 15, 2004

Mt. Hope Cemetery
3751 Market Street
San Diego, Ca 92102

To Whom It May Concern:

Pursuant to our telephone conversation the end of May I have enclosed documentation regarding Lot 67, Section 2, Division 7 reassignments and authorization for future use.

Attached is a notarized letter signed by my uncle Frank Robbins assigning their plots to me, plots 3 and 4 of the above mentioned lot, section and division.

Also attached is the correspondence of my cousin L. G. Byerley, Jr dated May 4, 1979 to my Mother Miriam Burr authorizing assignment of unused plots. There is one plot unassigned at this time.

Finally, attached is my check for the sum of $50.00 for the transfer fee you requested. I trust this information is what you requested. We are currently in Washington state working for the summer however I can always be reached on my cell phone number 619)302-0994 if you need any further information. Thank you for your assistance in this matter.

Sincerely,

Annette Scates

Annette Scates

Frank Robbins

E 18545

L. G. BYERLEY, JR.
P. O. BOX 175
MIDLAND, TEXAS 79702

May 4, 1979

Mrs. Miriam Burr
9620 Cambury Drive
Santee, California 92071

Dear Miriam:

This letter is to confirm the understanding we had at our meeting on April 24, 1979 with Mr. Raymond W. Dehne, Manager of the Mount Hope Cemetery in San Diego.

At this meeting, we made several changes in assignments and also several new assignments. For your information, the following is the present status of the assignments on the twelve plots in Lot 67, Section 2, Division 7 of the Mount Hope Cemetery.

✓ Plot 1. *Occupied by Leon G. Byerley, Sr.*

✓ Plot 2. Occupied by Ruth E. Byerley

Plot 3. Assigned to Frank D. Robbins
(this plot had been disignated for me by my Mother)

Plot 4. Assigned to Doris Robbins, wife of Frank D. Robbins

✓ Plot 5. Unassigned (David Busch)

Plot 6. Unassigned

✓ Plot 7. Occupied by Sophia Foster

✓ Plot 8. Assigned to Miriam Burr and Charles Burr
(this plot had been assigned to Dorothy DeGaris who authorized its reassignment)

✓ Plot 9. Assigned to Henry M. DeGaris

✓ Plot 10. Occupied by Esther Robbins

✓ Plot 11. *Assigned to Grace Gray*

✓ Plot 12. Occupied by Elmer Gray

A sketch of Lot 67, Section 2, Division 7 is attached to show you the location of the twelve plots.

E18544

Mrs. Miriam Burr May 4, 1979

I assigned Plot 3 to Frank D. Robbins and Plot 4 to his wife Doris Robbins without consultation with them; so I do not know if these assignments will meet with their approval. We agreed that you could change the assignments of these two plots. This letter is your evidence that I have given you the authority to change the assignments of these two plots in the event either Frank or Doris Robbins do not wish to use them.

In regard to the two unassigned plots (No. 5 and No. 6), we agreed that you could assign these to whomever you wished. Again this letter is your evidence that I have given you the authority to make assignments of Plots No. 5 and No. 6.

Your authority to change the assignments of Plots No. 3 and No. 4 and to make assignments of Plots No. 5 and No. 6 is not to be transferred without my permission and should you for any reason elect not to make assignments or change assignments it is understood that I shall continue to have that right.

I hope this letter accurately conveys our understanding. A copy of this letter is being sent to Mr. Dehne to put in his file on this Lot and a copy is being sent to Dorothy and Henry DeGaris. If you have any questions or if you do not agree with my interpretation of our understanding, please let me know.

Sincerely,

L. G. Byerley, Jr.

cc: Mr. Raymond W. Dehne
Mount Hope Cemetery
3751 Market Street
San Diego, California 92102

Mr. & Mrs. Henry M. DeGaris
7450 Olivetas Avenue, D-363
La Jolla, California 92037

E-18544

Lot 67, Section 2, Division 7
Mount Hope Cemetery
San Diego, California

12 Elmer Gray	1 Leon G. Byerley, Sr.
11 Grace Gray	2 Ruth E. Byerley
10 Esther Robbins	3 Frank D. Robbins
9 Henry M. DeGaris	4 Doris Robbins
8 Miriam & Charles Burr	5 Unassigned
7 Sophia Foster	6 Unassigned

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-23-04 P12:20 Date 06/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleo Steward 227938

in a DD Crypt (B) Funeral, date, time Mon. June 28th 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : Rogerdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 44 Grave 7

Grave space & Care Fund E-16259	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number R 57729	463.00
Balance due	0

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

Mort to pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Pawette

Invoice # _____

Work Order # E 18545

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18545

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Peterson	Patrick Daisy	King	
		Hill	X	Jordan		
		Parker		Mayhew		

Blind Check Initiated By: Paulette C Date: 6/24/04

Interment space for: Cleo Steward

Interment Date: 06-28-04 Time: 11:00 church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 44 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 6/24/04

E-18545

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Cleo	-	Steward	08/15/1936	06/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jean Osby, Sister 3095 Olive View Road Alpine, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	06/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/23/2004 B. Campbell	2411199 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

06/23/2004 14:27 SD MT. HOPE CEMENTERY → RAGSDALE NO.714

ATN

06-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleo Stewart

in a DD Crypt (B) Type of Burial Container Funeral, date, time Mon. June 28th 11:00

Church Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Bld/Row _____ Lot 44 Grave 7

Grave space & Care Fund E-16259	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	463.00
Paid receipt number	
Balance due	

means to pay

I hereby certify I am the sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Jean Osby

Paulette

Jean Osby
Print Name

3095 Olive View Road
Address

Alpine, CA 91901
City Zip Code

244-5163
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18545

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need lot & trust

Date 6/23/04

227905 227906

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Tarnes Martin / or Lorraine Martin

in a DD Crypts (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 219 Grave 7 & 8

Grave space & Care Fund	2 @ 985.00	1970.00
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2 @ 413.00 grave 7	826.00
Burial Container	2 @ 418.00	836.00
Handling Fees	2 @ 352.00	704.00
Flower vases – Mark[illegible]		—
Recording/Filing/Transfer Fee	2 @ 50.00 grave 7	100.00
Sales taxes	2 @ 32.40	64.80
	Total Due	4500.80
	Paid receipt number R-57703	3500.00
	Balance due	1000.80
		— 1000.80

PAID JUN 23 2004

PAID AUG 05 2004

MOUNT HOPE CEMETERY

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Lorraine Martin
Tarnes L. Martin
Signature

LORRAINE MARTIN
TARNES L. MARTIN (SON)
Print Name

Address

City Zip Code

Telephone

Paid-in-full

Paulette

Invoice # _____

Work Order # E 18546

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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10850 JAMACHA BLVD C10
SV CA 91978

Son's TARNES MARTIN
9024 Birch St
SV CA 91977
(619) 248 1552

E-18546

Martin, Lorraine/or Martin, Tarnes L.

DIVISION 12 Section 2 Lot 219 Graves 7 & 8

		DEBIT	CREDIT	BALANCE
6/23/04	Pre-need Lot /Trust Account. The Trust includes:	1970.00		1970.00
TWO C/C	$826.00, TWO B/C $836.00, TWO H/F $704.00, TWO	2530.80		4500.80
R/F Fee	$100.00 and TWO Sales Taxes on DD Crypt $64.80		3500.00	1000.80
R-57703.				
8-5-04	R-57823		1000.80	∅

Rem. to Trust

Paid in full 8-5-04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot & trust

Date 6/23/04

227908 227907

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Doug B. Mons/or Feng-Er Liu Durnil

in a D.D. Crypt MONS Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned.

PAID

Division 10 Section _____ Blk/Row _____ Lot 1310 Grave 1

JUN 10 2005

Grave space & Care Fund	1095.00
Overtime/Late Arrival Fee	
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.40
Total Due	2360.40
Paid receipt number R-57704	1000.—
Balance due	1360.40

MOUNT HOPE CEMETERY

Paid in full 6/10/05

R-58939

PAID

JUN 23 2004

MOUNT HOPE CEMETERY

PAID

JUN 23 2004

MOUNT HOPE CEMETERY

I hereby certify I am the (see above) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the [illegible] to make [illegible] authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby [illegible] hold under deed.

Signature: Doug B Mons/or Feng-Er Liu Durnil

Print Name _____

Address: 3557 Hatteras Ave

City: S. D. CA 92117 Zip Code

Telephone _____

Paulette

Work Order # E 18547

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58835

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5-11, 2005

From: Douglas B. Mons Address: On record

Fifty - seven Dollars ($ 57 —)

in part Payment of Pre-need Lot/Trust.

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E-18549

Acct. No.

W.O.

BALANCE DUE $ 733.40

Pre-Need Lot X At Need ✓ On Acct [ ]

Pre-need Trust X Cash [ ] Check [✓]

2693

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 10 2005

DCrawford

ISSUED BY MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58738

Date: 4/14, 2005

From: D. B. Mons Address: On record

Fifty-Seven Dollars ($ 57 —)

in part Payment of Pre-need lot + trust.

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E-85 47

Acct. No.

W.O.

BALANCE DUE $790.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2674

NOT VALID FOR PURPOSES OF TAX UNLESS STAMPED "PAID" IN THE SPACE

PAID

APR 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	57 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58401

Date: Jan 11, 20 05

From: Douglas Mons Address: 3557 Hatteras ave.

fifty-seven 00/100 Dollars ($ 57 —)

in part Payment of pre-need lot & trust

Div 10 Sec _____ Blk/Row _____ Lot 1310 Grave _____

Invoice No. E-18547

Acct. No. _____

W.O. _____

BALANCE DUE 961 40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 2618

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" [illegible]

PAID

JAN 1 1 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	57 —
Sales Tax	60101	
	78390	
TOTAL PAID	$	57 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58153

Date: Oct 20, 20 04

From: Douglas Mons Address: 3557 Hatteras ave SD 92117

Dollars ($ 57.00)

in Part Payment of pre need

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E18547

Acct. No.

W.O.

BALANCE DUE 1132.40

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2559

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" BY THIS OFFICE.

PAID

OCT 20 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hego

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	57	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57989

Date: Sept 8, 20 04

From: Douglas Moms Address: 3557 Hatteras ave 92117

Dollars ($ 57.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E 18547

Acct. No.

W.O.

BALANCE DUE 1189.40

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑

2537

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 08 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hess

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	57	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57874

Date: Aug 6 20 04

From: Douglas Mons Address: 3557 Hatteras Ave SD 92117

Dollars ($ 57.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E 18647

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 2602

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 06 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184	38	00
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	19	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57828

Date: July 22, 2004

From: Doug Mons Address: 3557 Hatteras Ave 80 92117

Dollars ($ 57.00)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E18547

Acct. No.

W.O.

BALANCE DUE 1303.40

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 24184

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 22 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007	57	00
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58215

Date: Nov. 9, 20 04

From: Douglas B. Moss Address: 3557 Hatteras ave. S.D. CA. 92117

fifty-seven 00/100 Dollars ($ 57 -)

in pakt Payment of pre-need lot & trust

Div 10 Sec _____ Blk/Row _____ Lot 1310 Grave _____

Invoice No. E-18547

Acct. No. _____

W.O. _____

BALANCE DUE 1,075 40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

2568

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	57	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-18547 58507
(619) 527-3400

Date: 2/17, 2005

From: D. Moro (Durm(L)) Address: on record

Fifty-Seven Dollars ($ 57—)

in part Payment of pre-need

Div 10 Sec Blk/Row Lot 1310 Grave 1

Invoice No. E - 18547

Acct. No.

W.O.

BALANCE DUE $ 904.40

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check X

2647

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

2/17

ISSUED BY Pcrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58626

Date: 3-15, 20 05

From: D. Muns/F. Durnil Address: on record

FIFTY-SEVEN and 00/ Dollars ($ 57-)

in part 10 Payment of Pre-need lot/trust.

Div Sec Blk/Row Lot 1310 Grave 1

Invoice No. E-18547

Acct. No.

W.O.

BALANCE DUE $847.40

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust X Cash | | Check X 21663

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Raulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	57.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	57.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58299

Date: Dec. 8, 20 04

From: Douglas B. Mons Address: 3557 Hatteras Ave. S.D. CA. 92117

fifty-seven —00/100 Dollars ($ 57 —)

in part Payment of pre-need lot and trust

Div 10 Sec ____ Blk/Row ____ Lot 1310 Grave ____

Invoice No. E-18547

Acct. No. ____

W.O. ____

BALANCE DUE 1,018 40

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 8 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186	57	00
Sales Tax	60101		
	78390		
TOTAL PAID	$	57	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58939

Date: 6/10, 20 05

From: ~~[illegible]~~ Durnil, Feng-Er Liu or Mons Address: on record

~~Fifty six~~ Seven ~~Hundred thirty~~ Three 40- Dollars ($ ~~56~~ 733.40

in ~~pay~~ paid Payment of Pre-need lot/trust paid in full

Div 10 Sec _____ Blk/Row _____ Lot 1310 Grave 1

Invoice No. E-18547

Acct. No. _____

W.O. _____

BALANCE DUE ~~$ 677.00~~ 0

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

1023

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 10 2005

ISSUED BY P Crawford MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	pc 733.40
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	~~56~~ —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	1c ~~56~~ 733.40

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E-18547

Durnil, Feng-Er Liu/or Mons, Doug B. 3557 Hatteras Avenue, S.D. CA 92117

DIV 10 LOT 1310

		DEBIT	CREDIT	BALANCE
06/23/04	Pre-need lot & trust account $1000.00 down. R-57704. Trust includes: O/C $413.00, B/C $418.00, H/F $352.00, R&F Fee $50.00, Sales Tax 32.40.	1095.00		1095.00
		1265.40		2360.40
			1000.00	1360.40
7-[illegible]-04	R-57828 Coupon 1		57 -	1303 40
8-6-04	57874 2		57 -	1246 40
9-8-04	57989 3		57 00	1189 40
10-20-04	58153 4		57 00	1132 40
11-9-04	58215 5 Rem. to TRUST		57 00	1075 40
12-8-04	58299 6		57 00	1018 40
1-11-05	58401 7		57 00	961 40
2-17-05	58507 8		57 -	904 40
3-14-05	58626 9		57 -	847 40
4/14/05	58738 10		57 -	790 40
5/10/05	58825 11		57 -	733 40
6/10/05	58939		733 40 -	0

PAID IN FULL

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

226439

06-24-04A09:46 Date RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenji, Sato Ko, Randall K. Sato

in a ASN Vaults (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 4964 Grave 1

Grave space & Care Fund	D 3983	-0-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	116 x 3	348.00
Burial Container	61 x 3	183.00
Handling Fees	66 x 3	198.00
Flower vases – Mounted Setting		
Recording/Filing/Transfer Fees	50 x 3	150.00
Sales taxes	4.73 x 3	14.19
Total Due		893.19
Paid receipt number	R 57707	893.19
Balance due		-0-

PAID

JUN 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pan

X KENJI SATO
Print Name

X 327 KIMBALL TERRACE
Address

X CHULA VISTA CA 91910
City Zip Code

X 619-420-4879
Telephone

Invoice # _____

Work Order # E 18548

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-24-04A11:45 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel McCain 213014

in a liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 556 Grave 1

Grave space & Care Fund	E2051	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413 -
Burial Container		209 -
Handling Fees		160 -
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50 -
Sales taxes		16.20
Total Due		848.20
Paid receipt number	RS7708	848.20
Balance due		0

PAID

JUN 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 227919 hold under deed.

Signature

Pam

x Artie F. McCain
Print Name

x 2961 40th St.
Address

x San Diego Ca 92105
City Zip Code

x (619) 563-3696
Telephone

Invoice # _____

Work Order # E 18549

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Augustina Calvin 227951

in a DD Ayot (B) Type of Burial Container Funeral, date, time THURS JULY 1 11:00 ~~Weds June 30~~

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 103 Grave 2

Grave space & Care Fund E-15721	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container R-52450	
Handling Fees "	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes "	
Total Due	463.00
Paid receipt number R 58724	463.00
Balance due	0

PAID JUN 28 2004 MOUNT HOPE CEMETERY

MORT. TWO Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address See attached

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 18550

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18550

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In grave of Cynthia Calvin.

		crm	Anderson	Antunez		
			X	Hunn	Hunn	
	Parrish		Thomas			

Blind Check Initiated By: Paulette Date: 6-29

Interment space for: Augustina Calvin

Interment Date: 7-1-04 Time: 11:00 Church

Div: 12 Sect: 1 Blk/Row: ____ Lot: 103 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No F-1a9

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Pendergrass Date: 6/29/04

E-18550

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AUGUSTINE	-	CALVIN	06/05/1918	06/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	RUSSELL CALVIN, JR.-SON 31024 IRON CIRCLE TEMECULA, CA 92591

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CALIFORNIA CREMATION & BURIA CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit: Jeanette Dinard	8B. DATE SIGNED 06/01/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/01/2004 J. BENYARD	2411612

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Ken F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Augustina Calvin Thurs. July 1

in a DD ayor (B) Funeral, date, time ~~Weds June 30~~

Type of Burial Container

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 103 Grave 2

Grave space & Care Fund E-15721	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container R-52450	
Handling Fees "	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes "	
Total Due	463.00
Paid receipt number	463.00
Balance due	

MORT. TWO Pay

I hereby certify I am the Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Gary Watkins, Sr
Print Name

3433 Alexandra Ave
Address

Sprint Valley, CA 91977
City Zip Code

(619) 469-0060
Telephone

Paulette

Work Order # E 18550

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-25-04 A09:38 RCVD

Date _____

227926 227927

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald & Joan King

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MAS Section A Blk/Row _____ Lot 34 Grave 2

Grave space & Care Fund ..... 1755 —

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

PAID

JUN 25 2004

MOUNT HOPE CEME

Total Due ..... 1755 —

Paid receipt number R57711 1755 —

Balance due —0—

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

Pam

x Joan King
Print Name

x 3923 Carson St
Address

x San Diego 92117
City Zip Code

x 858 272-0162
Telephone

Invoice # _____

Work Order # E 18551

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-25-04P12:39 RCVD

Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nghim Hoi 227890

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 102 Grave 8 & 9

Grave space & Care Fund ..... 2 @ 985

Overtime/Late Arrival Fee ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

PAID

JUN 29 2006

MOUNT HOPE CEMETERY

6/29/06 paid in full

P-00362

Total Due ..... 1970 —

Paid receipt number R 57715 492 —

Balance due 1478 —

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: NGHIM SOK HOI

Address: 4725 TONOPAH AVE

City: SD. CA Zip Code: 92110

Telephone: (619) 276-2672

Work Order # E 18552

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59281

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/06 , 20 05

From: Bun Hong Lam Address: on record

One Hundred Twenty-Four and 00/100 Dollars ($ 124.-)

in part Payment of 2 payments on pre-need lots Coupons 15/16

Div 12 Sec 2 Blk/Row Lot 102 Grave 8 & 9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $486.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

804

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 0 6 2005

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	124.-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	124.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

59007

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 6-29, 20 05

From: Bun Hong Lam Address: on record

Sixty. Two Dollars ($62 —)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8 & 9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 734.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

457

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 28 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58749

Date: 4-18, 2005

From: Nahim S. Hoi Address: 4725 Tonopah ave SD 92110

Sixty - Two and 00 Dollars ($ 62.—)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $858.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 0306

NOT VALID FOR [illegible] UNLESS STAMPED "PAID [illegible]".

PAID

APR 18 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	62 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58305

Date: Dec. 10, 20

From: Bun Hong Lam Address: on record

Sixty-Two and 00 Dollars ($ 62 —)

in past Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8&9

Invoice No. E-18557

Acct. No.

W.O.

BALANCE DUE 1106 —

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X]

439

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 9 2004

MOUNT HOPE CEMETERY

ISSUED BY pcrawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	62	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	62	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57771

Date: July 9, 20 04

From: Bun Hong Lam Address: 7513 Raven Ridge pl 92126

Dollars ($ 60.00)

in part Payment of all mail

Div 12 Sec 2 Blk/Row Lot 102 Grave 819

Invoice No. E 18552

Acct. No.

W.O. 1

BALANCE DUE 1416.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

418

NOT VALID FOR PURPOSES UNLESS STAMPED "PAID" IN THE

PAID

JUL 09 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	60 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	60 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58847

Date: 5/16, 2005

From: Bun Hong Lam Address: On record

Sixty-Two Dollars ($ 62 —)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8 & 9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 796.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check # 452

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 13 2005

MOUNT HOPE CEMETERY

ISSUED BY Porayog

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62. —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59369

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 7-18, 20 05

From: Nghim Sok hoi Address: on record

Sixty-Two Dollars ($ 62.00)

in part Payment of Pre-need Lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8+9

Invoice No. E·18552

Acct. No.

W.O.

BALANCE DUE $672.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

0330

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 15 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	62 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	62 00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00362

Date: 6-29, 20 06

From: Hong Ho Lam Address: 1750 Grand Ave., Apt. 7 SD Ca 92109

fifty two Dollars ($52 —)

in Part Payment of Pre-need, paid in full

Div 12 Sec 2 Blk/Row Lot 102 Grave 849

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 0

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	52 —
Trust	77186	
TOTAL PAID	$	52 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 261

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3406

P 00124

Date: 2-13, 2006

From: Nghim S. Hoi Address: on record

One hundred twenty-four Dollars ($ 124-)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8+9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 238.-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

FEB 13 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	124 -
Trust	77186	
TOTAL PAID	$	124 -

AC-212 (11-05)

This information is available in alternative formats upon request.

2 checks #809/#810

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00223
E18552

Date: 4-10, 20 06

From: Bun Hong Lam Address: 7513 Raven Ridge Pt., SD CA 92126

One hundred twenty-four Dollars ($ 124.-)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8 & 9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 114 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 814

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

APR 07 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	124 —
Trust	77186	
TOTAL PAID		$ 124 —

AC-212 (11-05)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA -
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00318

Date: 6-2, 2006

From: Bun Hong Lam Address: on record

Sixty-two Dollars ($ 62.-)

in part Payment of Pre-need lots.

Div 12 Sec 2 Blk/Row Lot 102 Grave 8+9

Invoice No. E-18552

Acct. No.

W.O.

BALANCE DUE $ 52.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN - 2 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	62 —
Trust	77186	
TOTAL PAID	$	62 —

☒ Pre-Need Lots ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 817

AC-212 (11-05)

This information is available in alternative formats upon request.

pin # 227890 due 25th of each month monthly $62.00 E-18552

HOI, NGHIM SOK 4725 Tonopah ave SD 92110 (619)276-2672

			DEBIT	CREDIT	BALANCE
06-25-04	Opened pre-need lots w/ 25% down R-57715 Div 12 Sec 2 Lot 102 gr8&9 20% 394 -		1970.00	492.00	1478.00
7-9-04	R-57771	Coupon 1 80% 1576 - July 04		62.00	1416.00
8-5-04	R-57871	Coupon 2 aug 04		62.00	1354.00
9-9-04	57992	3 Sept 04		62.00	1292.00
10/8/04	58114	4 Oct 04		62 -	1230.00
11/18/04	58269	5 Nov 04		62 -	1168 -
12/9/04	58305	6 Dec 04		62 -	1106 -
1-5-05	58389	7 Jan 05		62 -	1044.00
2-16-05	58521	8 Feb 05		62 -	982.00
3-9-05	R58605	9 Mar 05		62 -	920.00
4/18/05	R-58749	10 April 05		62 -	858.00
5/6/05	R-58847	11 May 05		62 -	796 -
6/29	R-59007	12 June 05		62 -	734 -
7/18/05	R-59369	13 July 05		62 -	672 -
8-10-05	R-59062	14 aug 05		62 -	610 -
10-6-05	R-59281	15 & 16 Sept, Oct 05		124 -	486 -
11-29-05	R-59435	17 Nov 05		62 -	424 -
12-29-05	P-00025	18 Dec 05		62 -	$362.00
2-7-06	mailed Delinq Cut letter				

(over)

Due 25th of each month monthly $62.00 [redacted]

E-18552 12-2-102-829

		DEBIT	CREDIT	BALANCE
2/13/06	BALANCE FORWARDED			362 —
2/13/06	P-00124 2 Coupons 19 & 20 Jan 06/Feb 06		124 —	238 —
4/10/06	P-00223 2 " 21 & 22 Mar 06/Apr 06		124 —	114 —
6-1-06	left message w/fam delinquent			
6-2-06	P-00318 Coupon # 23 May		62 —	52 —
6-28-06	left courtesy reminder payment past due			
6-29-06	P-00362 " 24 June 2006		52 —	0

PAID

JUN 29 2006

MOUNT HOPE CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 2004 P12:49 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Siranush Madunts'eva 22-7942

in a TS Vault (Type of Burial Container) Funeral, date, time Jun 4/29 11:00

Church, Chapel, Graveside _____ : Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot ~~618~~ 619 Grave 1

Grave space & Care Fund	1095 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	2058.31
Paid receipt number Visa	2058.31
Balance due	0

PAID

JUN 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Zara Madunts'eva (Print Name)

X 8649 Lake Murray #5 (Address)

X San Diego CA 92119 (City, Zip Code)

X 619-464-3734 (Telephone)

Invoice # _____

Work Order # E 18553

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18553

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Caldwell	Norton	Hayes		Fontana	
	Atkins	Cooper	X		Falcon	
	Courts			Rice		

Blind Check Initiated By: Pam Date: 6/25

Interment space for: Siranush Madurtseva

Interment Date: Tues 6/29 Time: ? 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 618 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: C. Warren Date: 6-28-04

E-18553 B

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SIRANUSH	G.	MADUNTSEVA	12/12/1930	06/24/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ZARA A. MADUNTSEVA - DAUGHTER 8649 LAKE MURRAY BLVD. #5 SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	6/29/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	06/29/2004	R.MARTINEZ 2411452 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 6-29-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need
10 ~~lot~~ trust

Date 6/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Barbara Durbin* 227918

in a ash Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1892 Grave 1

Grave space & Care Fund E-13374	~~0~~
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	473
Total Due	297.73
Paid receipt number R-5796	74.00
Balance due	223.73

PAID
AUG 19 2005 R-59099
MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____ 1/2/05 mailed coupon back

Paulette

Work Order # E 18554

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct # _____

See the attached signature

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

SunPlus Home Health Services
Home Pharmacy Services

Mt. Hope Cemetary 6/18/04
Attn: Paulette E-16554

Please accept this down payment of $74 toward cost of burial with my husband James Durbin, in the amount of $297.73. Send necessary forms / contract to
Barbara Durbin
1201 So. Orange Ave.
El Cajon, Ca. 92020
(441-1988 - Chase Care Center.)
Contact person is Marylin Antonio
Social Services

Thank you.
Barbara Durbin

Home Health

Orange County (800) 249-9308
Antelope Valley (800) 980-4862
San Diego County (800) 765-7595
Culver City/Los Angeles (800) 559-3130
Glendale/San Fernando Valley (800) 461-3040
San Gabriel Valley/Inland Empire (800) 870-8988

Home Pharmacy

San Diego County
(800) 765-7595
Greater Los Angeles Area
(800) 449-4118

PIN# 227918

E-18554

DURBIN, BARBARA (Chase Care Ctr., 1201 Orange El Cajon Blvd CA 92020)

DIVISION 10 LOT 1892			DEBIT	CREDIT	BALANCE
6/23/04 Opened pre-need trust for cremation burial on existing grave. Down Payment			297.73		297.73
6-23-04	R-57717			74.00	223.73
7-14-04	R-57786			9.37	214.36
2-4-05	R-58476	1 & 2		18.64	195.72
3-9-05	R-58607	3 & 4		18.64	177.08
3-23-05	R-58663	5		9.32	167.76
4-19-05	R-58758	6 & 7		18.64	149.12
6-7-05	R-58917	8 & 9		18.64	130.48
7-7-05	R-59033	10, 11, 12		18.64	111.84
8-9-05	R-59060	13 & 14		27.96	83.88
8-19-05	R-59099	Paid in full		83.88	Ø.

PAID

AUG 19 2005

MOUNT HOPE CEMETERY

Cremains to be placed on her husband's grave James Durbin

MT. HOPE CEMETERY

INTERMENT ORDER

E-18554

City of San Diego

AT NEED DON DURBIN BROTHER IN LAW

Date 8-19-05

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Barbara Durbin (X) 127918

in a ASH Burial Vault (Typed Burial Container) Funeral, date, time Fri 9/2 ~~11:00~~ p.m.

Church, Chapel, Graveside (X) ~~Witness~~ AYD ; Telephase Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1892 Grave 1

Grave space & Care Fund E-8805	~~6~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fees	
Recording/Filing/Transfer Fees	8388
Sales taxes	
Total Due	8388
Paid receipt number R-59099	8388
Balance due	0

PAID AUG 19 2005 MOUNT HOPE

I hereby certify I am the Brother in Law of the above named decedent *and this is your authority to make disposition of remains as above indicated. I certify and represent* that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Donald A Durbin
Signature

DONALD A DURBIN
Print Name

5001 W FLORIDA #220
Address

HEMET CA 92545
City Zip Code

951 658-4805
Telephone

Paulette/Pam

Work Order # E 19325

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58917

Date: 6/7, 2005

From: Chase Care Ctr. Address: on record

Eighteen and 64 Dollars ($ 18.64)

in Part Payment of Pre-need trust.

Div 10 Sec Blk/Row Lot 1892 Grave

Invoice No. E-18554

Acct. No.

W.O.

BALANCE DUE $ 130.48

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check ☒ 309

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN - 7 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Arroyad

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	18.64
Trust	77186	
Sales Tax	60101	
	76390	
TOTAL PAID	$	18 64

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59033

MOUNT HOPE CEMETERY E-18554

(619) 527-3400

Date: 7/7, 2005

From: Chase Care Ctr Address: On Record

Tulenby - Seven and 96 Dollars ($ 27.96)

in Part Payment of Pre-need trust.

Div 10 Sec Blk/Row Lot 1892 Grave 1

Invoice No. E-18554

Acct. No.

W.O.

BALANCE DUE $ 10252

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

3035

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 0 7 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	27.	96
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	27.	96

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59060

Date: 8/12, 20 05

From: CHASE CARE CTR Address: 1201 S. ORANGE ELCAJON BLVD 92020

EIGHTEEN AND 64. Dollars ($ 18.64)

in PART Payment of PRE-NEED TRUST FOR BARBARA DURBIN

Div 10 Sec Blk/Row Lot 1892 Grave 1

Invoice No. E-18554

Acct. No.

W.O.

BALANCE DUE $

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3053

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

AUG 0 9 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	18.	64
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	18.	64

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

6/25/04
Please sign, print name and address
Mail back to me. Thanks
Paulette

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust

Date 6/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Barbara Durbin

in a ash Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 10 Section Blk/Row Lot 1892 Grave 1

Grave space & Care Fund E-13374	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-5716	74.00
Balance due	223.73

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Barbara Durbin
Signature

BARBARA DURBIN
Print Name

1201 SO. ORANGE AVE
Address

EL CAJON 92020
City Zip Code

441-1988
Telephone

Paulette
Work Order # E 18554

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Pre lot & Just

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

23 04 02:55 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence E. Remble

in a TS Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 19 Grave 12

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R57717	1000.00
Balance due	948.31

PAID

JUN 2 8 2004

MOUNT HOPE CEMETERY

R-57723 948.31

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Zenobia Remble
Print Name

731 Quail St
Address

San Diego 92102
City Zip Code

Calif 264-8645
Telephone

Work Order # E 18555

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18555

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
REMBLE, CLARENCE EDWARD	M	435 54 0495		37	04	04

5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	6a. GRADE, RATE OR RANK	6. PAY GRADE	7. DATE OF RANK	YEAR	MONTH	DAY
NAVY USN	SD3	E-4		68	06	16

8a. SELECTIVE SERVICE NUMBER	8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE	9. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)
NA.	NOT APPLICABLE.	HAMMOND, LOUISIANA 70401

9a. TYPE OF SEPARATION	9. STATION OR INSTALLATION AT WHICH EFFECTED
TRANSFERRED TO FLEET RESERVE.	NAVAL STATION, SAN DIEGO, CA. 92136

9c. AUTHORITY AND REASON	9d. EFFECTIVE DATE	YEAR	MONTH	DAY
----------		74	05	28

10. CHARACTER OF SERVICE	11. TYPE OF CERTIFICATE ISSUED	12. REENLISTMENT CODE
HONORABLE	NAVPERS-1830/3	----------

13. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	14. NAVAL RESERVE MANPOWER CENTER, BAINBRIDGE, MARYLAND 21905
USS BRONSTEIN (DE-1037)	

15. TERMINAL DATE OF RESERVE/MSS OBLIGATION			16. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)	17. DATE ENTERED ACTIVE DUTY THIS PERIOD		
YEAR	MONTH	DAY		YEAR	MONTH	DAY
NA.			LONG BEACH, CALIFORNIA 90801	71	11	18

18a. PRIMARY SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	19. RECORD OF SERVICE	YEARS	MONTHS	DAYS
SD - 0000	313 - CHEFS/ COOKS.	(a) NET ACTIVE SERVICE THIS PERIOD	02	06	11
		(b) PRIOR ACTIVE SERVICE	16	03	28
17a. SECONDARY SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER	(c) TOTAL ACTIVE SERVICE (a+b)	18	10	09
		(d) PRIOR INACTIVE SERVICE	00	00	00
SD - 0000	NA.	(e) TOTAL SERVICE FOR PAY (c+d)	18	10	09
		(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	02	06	11

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964	20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (for Term)
X YES NO	SECONDARY/HIGH SCHOOL YRS (1-12 grade) COLLEGE YRS

21. TIME LOST (Preceding Pay Period)	22. DATE ACCRUED LEAVE PAID	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE	24. DISABILITY RETIREMENT PAY	25. PERSONNEL SECURITY INVESTIGATION	
		X $15,000 $5,000	X NO YES	a. TYPE	b. DATE COMPLETED
NONE	44	$10,000 NONE	AMOUNT	NONE	NONE

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NATIONAL DEFENSE SERVICE MEDAL, REPUBLIC OF VIETNAM CAMPAIGN MEDAL, VIETNAM SERVICE MEDAL WITH THREE BRONZE STARS, COMBAT ACTION RIBBON, *SEE REMARKS.

27. REMARKS *GOOD CONDUCT MEDAL WITH BRONZE STAR (SECOND AWARD) FOR PERIOD ENDING:65 05 16.

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)	29. SIGNATURE OF PERSON BEING SEPARATED
2825 FRANKLIN ST., SAN DIEGO (SAN DIEGO), CALIFORNIA 92113	Clarence E. Remble
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	**31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN**
JESSE FAUSTINO, PNC, USN DIRECTION OF THE COMMANDING OFFICER	Per Fausto

DD FORM 1 NOV 72 214N — PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. S/N 0102-002-0202 — *THIS IS AN IMPORTANT RECORD SAFEGUARD IT.* — REPORT OF SEPARATION FROM ACTIVE DUTY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6/28/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ISABELLA BAKER ex

in a N/A (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside DELIVERY - : CA BURIAL CLAUDETTE Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 8 Section 4 Blk/Row Lot 485 Grave 1

Grave space & Care Fund	330.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container N/A	—
Handling Fees N/A	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	496.00
Paid receipt number	
Balance due	

MORT. TO PAY FOR 619)229-2750

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Paulette

Work Order # E 18556

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-28-04 P12:45 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Priscilla King 227953

in a T Vault (Type of Burial Container) Funeral, date, time Thurs. 7/1 11:30

Church, Chapel, Graveside _____ : CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 146 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	1948.31
Paid receipt number Visa	1948.31
Balance due	— 0 —

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X ELDEST SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X PAUL KING
Print Name

X 110 N 2nd AVE #50
Address

X CHULA VISTA CA 91910
City Zip Code

X 619 498 1005
Telephone

Invoice # _____

Work Order # E 18557

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18557

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				free		
		Brooks	Mitchell		Porter	
			X			

Blind Check Initiated By: [illegible] Date: 10/28

Interment space for: Priscilla King

Interment Date: Thurs 7/1 Time: 11:30

Div: 12 Sect: I Blk/Row: ____ Lot: 196 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: [illegible]

E-18557

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PRISCILLA	D	KING	0[illegible]/22/1926	06/23/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	PAUL KING-SON 110 N 2ND AVE. CHULA VISTA CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [illegible]	06/29/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/30/2004 V MITCHELL	▶ 2411513

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

On The grave of Elma Frieling pre-need trust.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Constance Florida Frieling-Bixby @ 227969

in a ASHVAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 6 Section 4 Blk/Row Lot 59 Grave 11

Grave space & Care Fund	D-5469	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup		116.00
Burial Container		83.00
Handling Fees		94.00
2 GALV. VASE + Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50.00
Sales taxes	$323.54	6.43
Total Due		349.43
Paid receipt number	R-57726	349.43
Balance due		Ø

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter (Trustee for) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed. 227970

Frances Bixby Spear
Signature

Frances Bixby Spear
Print Name

14617 Merritt Rk. Ln.
Address

Poway CA 92064-2935
City Zip Code

(858) 748-6195
Telephone

Invoice #

Work Order # E 18558

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

EDWARD T. KOLKER
11440 WEST BERNARDO COURT, SUITE 300
SAN DIEGO, CALIFORNIA 92127
TELEPHONE 674-6533

Frano

E-18558

REVOCABLE TRUST AGREEMENT

This Trust Agreement is entered into by and between CONSTANCE I. BIXBY, sometimes herein referred to as the "Trustor", and FRANCES B. SPEAR, hereinafter referred to as the "Trustee". The Trustor has two adult children now living, namely, FRANCES B. SPEAR and WILLIAM C. BIXBY. The Trustor has one deceased child, HELEN BROWN, who left issue surviving, namely, ROBERT S. BROWN and WILLIAM R. BROWN, JR. This Trust Agreement may be referred to as the CONSTANCE I. BIXBY 1998 TRUST.

ARTICLE I

TRUST PROPERTY

1.1 The Trustor has transferred or may transfer to the Trustee assets described or to be described in Schedule A attached hereto and incorporated herein by reference. Additional property, real or personal, or any interest therein, acceptable to the Trustee, may be transferred to this Trust by the Trustor or any other person. The Trustee agrees to hold, manage and distribute the property described in Schedule A, and all other property hereafter received, as hereinafter provided.

1.2 All property transferred to this Trust is the sole and separate property of the Trustor.

CDL POYIYITT 6-29-07
Phone (858) 748-6195

F18558

STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN DIEGO)

On July 27, 1998 before me, the undersigned, a Notary Public in and for said County and State, personally appeared CONSTANCE I. BIXBY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

EDWARD F. KOLKER
COMM. # 1052381
Notary Public — California
SAN DIEGO COUNTY
My Comm. Expires FEB 26, 1999

Edward F Kolker
Notary Public in and for Said County and State

STATE OF CALIFORNIA)
)ss.
COUNTY OF SAN DIEGO)

On July 27, 1998 before me, the undersigned, a Notary Public in and for said County and State, personally appeared FRANCES B. SPEAR, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

EDWARD F. KOLKER
COMM. # 1052381
Notary Public — California
SAN DIEGO COUNTY
My Comm. Expires FEB 26, 1999

Edward F Kolker
Notary Public in and for Said County and State

At Rual w/darlene

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-28-03-919 2-ARNV

Date _____

227940

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian W. Krauth 6/28

In a Ash Vault (Type of Burial Container) Funeral, date, time AYO

Church, Chapel, Graveside AYO ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 475 Grave 1

Grave space & Care Fund C 3903	0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116 —
Burial Container	61 —
Handling Fees	66 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	4.73
Total Due	297.73
Paid receipt number R57727	297.73
Balance due	0

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Acct. # _____

Work Order # E 18559

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Darlene

MT HOPE CEMETERY E-18559

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Smet	Gilbert		
	Madsen		X	McKinley	Kiessel	
		Vandepoel	Palma	Palma		

Blind Check Initiated By: Pam Date: 4/28

Interment space for: Christian Krauth ⊗

Interment Date: _____ Time: AM

Div: 8 Sect: A Blk/Row: ____ Lot: 475 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 6-28-04

E18559

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRISTIAN	WILHELM	KRAUTH	03/29/1913	05/17/2004	M

5A. CITY OF DEATH: CENTRALIA

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: WASHINGTON

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
FRANK SCHUBER (GUARDIAN)
PO BOX 276
LONGVIEW, WA 98632

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
HUMPHREY CHULA VISTA MORTUARY
753 BROADWAY, CHULA VISTA, CA 91910

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD 964

8A. SIGNATURE OF APPLICANT — Person taking permit: ▶ [signature]

8B. DATE SIGNED: 06/28/2003

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 06/28/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2411388 Aracely Delgado

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: –

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA:
SAN DIEGO CO: P.O. BOX 85222
SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 6.28.04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Neal w/darlene

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
06-28-03-919 2-ARNV

Date _____

227940

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christian W. Krauth ⊗ 6/28

In a Ash Vault (Type of Burial Container) Funeral, date, time AYO

Church, Chapel, Graveside AYO ; Humphrey Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 475 Grave 1

Grave space & Care Fund	C 3903
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116 —
Burial Container	60 —
Handling Fees	166 —
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50 —
Sales taxes	4.73
Total Due	297.73
Paid receipt number R57727	297.73
Balance due	—

PAID
JUN 28 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Guardian of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Frank Shubert
Print Name

X POBOX 276
Address

X Longview, WA 98632
City Zip Code

X 360-749-0268
Telephone

Invoice # _____

Work Order # E 18559

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

SIGNATURE Frank L. Shubert

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-28-04P02:10 RCVD Date

227955

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Zulueta

in a N/A (Type of Burial Container) Funeral, date, time Thu 7/2 10:00

Church, Chapel, Graveside : Bugi - Robert Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot ~~352~~ 369 Grave 1

Grave space & Care Fund	330.—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116 —
Burial Container	27.50
Handling Fees	22 —
Flower vases & Marker setting fee	138 —
Recording/Filing/Transfer Fees	50 —
Sales taxes	2.13
Total Due	685.63
Paid receipt number Non	685.63
Balance due	0

PAID

JUN 28 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Ray / Pam

X THELMA ALTIVEROS
Print Name

X 195 Park Avenue
Address

X Passaic Park NJ 07055
City Zip Code

X ~~NJ~~ 973-778-3157
Telephone

Invoice # _____

Work Order # E 18560

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18560

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			STRUM			SMALL
		CLARK				CADE
			369			
		LUTHER	POHLE		FORTUNES	

Blind Check Initiated By: RAY SNIDER Date: 6-28

Interment space for: DANIEL ZULUETA

Interment Date: Fri 7/2 Time: _____

Div: 8 Sect: 4 Blk/Row: ____ Lot: 369 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 6-30-04

86045 E-18560 NAN 15

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DANIEL	C.	ZULUETA	07/21/1919	06/26/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	PAZ A. ZULUETA - WIFE 1052 9TH ST #315 IMPERIAL BEACH CA 91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD NATIONAL CITY CA 919500	FD-284	▶	06/30/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/30/2004 L CASTRO	2411577 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 7-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 7/1/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED
TOTAL OF 12 Chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Thebaut 224050

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Friday July 2 10:00

Church, Chapel, Graveside ; Greenwood Mortuary. Corretta

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 685 Grave 1

Grave space & Care Fund E-213	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee ..... Grou	51.63
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1014.94
Paid R-57732	1014.94
Balance due	0

PAID
JUN 29 2004
MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Shirley White
Signature

Paulette

SHIRLEY WHITE
Print Name

5930 WAVERLY
Address

LA JOLLA - CA - 92037
City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 18561

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18561

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			IVEY	BASKE	AKINS	
		FLEMING	X	HARDY THEBAUT	COURTS	
			MANGHAM			

Blind Check Initiated By: Paulette Date: 6-30

Interment space for: Beatrice Thebaut

Interment Date: 7-2-04 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 685 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: DARREYL Date: 6-30-04

E 18561 77

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BEATRICE	GEORGIA	THEBAUT	01/26/1907	06/28/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHIRLEY WHITE-DAUGHTER 5930 WAVERLY AVE. LA JOLLA, CA. 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ K R Z	06/29/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/29/2004 K JONES	2411508 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7/2/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ISABELLA BAKER 227961

in a LINER (Type of Burial Container) Funeral, date, time Friday July 2. 1:00

Church, Chapel, Graveside _____ : CABURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 61 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57736	1833.20
Balance due	Ø

PAID
JUN 30 2004
MOUNT HOPE CEMETERY

MORT. 2 Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

See attached for signature.

Print Name

Address

City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 18562

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18562

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Johnson		Solon			
		Solon	X		Jefferson	
		Caburnell		Campbell		

Blind Check Initiated By: Paulette Date: 6-29-04

Interment space for: ISABELLA BAKER

Interment Date: 7-2-04 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 61 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Flag

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 6/30/04

E18562

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ISABELLA	-	BAKER	06/04/1919	06/26/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BETTY L. CALDWELL-FOSTER DAUGHTER 7445 SAN VICENTE ST. SAN DIEGO CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	06/29/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/29/2004 V MITCHELL	▶ 2411502

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 7/6/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6-29-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ISABELLA BAKER

in a LINER (Type of Burial Container) Funeral, date, time Friday July 2. 1:00

Church, Chapel, Graveside ____ : CABURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

Division 12 Section 2 Blk/Row ____ Lot 61 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20

PAID
JUN 30 2004
MOUNT HOPE CEMETERY

Paid receipt number R-57736 1833.20

MDRT. 2 Pay

Balance due ~~0~~

I hereby certify I am the daughter Jr Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Betty L. Caldwell
Signature

Betty Caldwell
Name
7445 San Vicente St
Address
San Diego Ca 92114.
City
Telephone
619-527-1128

Paulette

Invoice # ____

Work Order # E 18562

Acct. # ____

REA-164 (3-04)

This information is available in alternative formats upon request.

© Prepaid on recycled paper

Faxed To 527-3403
Mt. Hope

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-29-04A11:26 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lydia Estrada Q 225215 pg.

in a ash vault (Type of Burial Container) Funeral, date, time Mon. July 19th 2004

Church, Chapel, Graveside : Community Mortuary 10:0

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 958 Grave 1

Grave space & Care Fund ..... E 8197 ..... -0-

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup 116-

Burial Container 60-

Handling Fees 66-

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees 50-

Sales taxes 4.73

Total Due 297.73

Paid receipt number M/C 297.73

Balance due -0-

PAID

JUN 29 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Christine Bravo
Print Name

X 77 Tranquilo Ln
Address

X Chula Vista, Ca 91911
City Zip Code

X 619-476-1921
Telephone

Invoice # _____

Work Order # E 18563

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18563

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			WATSON			
		ESTRADA	X	YARBOUGH		
			HARVEY			

Blind Check Initiated By: Pam Date: 6/29

Interment space for: Lydia Estrada

Interment Date: 7/26/04 Time: 10:00 Am

Div: 10 Sect: ____ Blk/Row: ____ Lot: 158 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M Martinez Date: 7/23/04

E-10563

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lydia	Carmen	Estrada	07/03/1952	06/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Lisa C. Woeller - Daughter 6750 Doriana Street #19 San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Community Mortuary 855 Broadway Chula Vista, CA 91911	FD1682	▶	06/18/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13/00	06/18/2004 N. DePina	2410913 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Dept. of Vital Records P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/20/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services Inc. 2570 Fortune Way Vista, CA 92083	12B. DATE CREMATED 6/21/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E-18563

Certificate of Cremation

This certifies that Lydia Carman Estrada, who died on June 14 Two Thousand Four, was cremated at Cremation Services, Inc. Crematory, 2570 Fortune Way, Vista, California on June 21, Two Thousand Four.

S W Schock

Director of Operations

Pre Need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-29-04P01:17 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robertine Douglas

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 718

Grave space & Care Fund ..... 2 @ 985 - 1970 -

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer ..... _____

Sales taxes ..... _____

PAID

JUN 29 2004

MOUNT HOPE CEMETERY

Total Due ..... 1970 -

Paid receipt number R 57731 1970 -

Balance due -0-

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Robertine Douglas
Print Name

7070 Madrona
Address

SD 92114
City Zip Code

619 264 2403
Telephone

Invoice # _____

Work Order # E 18564

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

printed on recycled paper

Pre need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 06-29-04P01:17 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robertine Douglas

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 100 Grave 9

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985 –
Paid receipt number R57731	985 –
Balance due	0

PAID

JUN 2 9 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Robertine Douglas
Print Name

7070 Madrone
Address

SD 92114
City Zip Code

(619) 264 2403
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18565

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

06-28-04 01:17 RCVD

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robertine Douglas

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 110 Grave 2

Grave space & Care Fund ..... 985 —

Overtime/Late Arrival Fees .....

Opening/Closing & Setup.....

Burial Container.....

Handling Fees.....

Flower vases – Marker setting.....

Recording/Filing/Transfer Fees.....

Sales taxes .....

PAID

JUN 29 2004

MOUNT HOPE CEMETERY

Total Due..... 985 —

Paid receipt number R-57731 985 —

Balance due 0

I hereby certify I am the Sib of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Robertine Douglas
Print Name

7070 Madrone
Address

SD 92114
City Zip Code

(619) 264 8403
Telephone

Invoice # _____

Work Order # E 18566

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CBA 227554

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 152 Grave 9-12

Grave space & Care Fund ..... 4 @ 605 = _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... PAID ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee JUN 29 2004 ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... MOUNT HOPE CEMETERY ..... _____

Total Due 2420.00

Paid receipt number R 57733 2420.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 18567

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CBA 227554

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 153 Grave 7-12

Grave space & Care Fund ..... 6 @ 605 ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... PAID ..... _____

Burial Container ..... _____

Handling Fees ..... JUN 2 9 2004 ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Trans MOUNT HOPE CEMETERY ..... _____

Sales taxes ..... _____

Total Due 3630.00

Paid receipt number 57733 3630.00

Balance due ⊖

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address on file

City _____ Zip Code

Telephone _____

Invoice # _____

Work Order # E 18568

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

PM
Rud
lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CBA 227554

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 154 Grave 7-12

Grave space & Care Fund ..... 6 @ 605 – _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

PAID
JUN 2 9 2004
MOUNT HOPE CEMETERY

Total Due 3630.00

Paid receipt number 57733 3630.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address on file

City _____ Zip Code _____

Telephone _____

18569

Work Order # E

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre Need Lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CBA 227554

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 160 Grave 3-5

Grave space & Care Fund ..... 3 @ 605 - _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Ser... PAID ..... _____

Burial Container ..... _____

Handling Fees ..... JUN 29 2004 ..... 495 - discount for pre purchase _____

Flower vases – Marker setting fee ..... _____

Recording/R... MOUNT HOPE CEMETERY ..... _____

Sales taxes ..... 1815 -

Total Due ..... 1320 -

Paid receipt number 57733 1320.00

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 18570

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

AT DEED
NO CHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-29-04

227405

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Monge Casillas &

in a N/A (Type of Burial Container) Funeral, date, time Friday July 2, 245

Church, Chapel, Graveside Witness Only Family ~~Mortuary~~.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 4 Blk/Row _____ Lot 476 Grave 1

Grave space & Care Fund E-18262	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee R-57680	—
Recording/Filing/Transfer Fees E-182626	—
Sales taxes	—
Total Due	—
Paid receipt number	—
Balance due	—

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Norma Gallegos
Signature

Paulette

x Norma Gallegos
Print Name

x 4545 Hilltop Dr.
Address

x San Diego, CA 92102
City Zip Code

619-266-5127
Telephone

Work Order # E 18571

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18571

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Buehler		Banogan		
			Delgado		Verdusco	
			X			

Blind Check Initiated By: Paulette C Date: 6-30

Interment space for: Gloria Monge Casillas

Interment Date: 7-2-04 Time: 2:45 Witness

Div: 8 Sect: 4 Blk/Row: ____ Lot: 476 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREN Date: 6-30-04

E-18571

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gloria	Monge	Casillas	04/02/1949	05/23/2003	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Salinas	Monterey	Laura Gallegos, Daughter 7215 Clarendon St. #1 San Jose, CA 95129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blanca Gonzalez	06/29/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	06/29/2004 B. Campbell	2411463 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, 1270 Natividad Rd. Salinas, CA 93096	Vital Records, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leslie Tropek PA. # 2004 517

in a Liner (Type of Burial Container) Funeral, date, time ~~Wed. July 14~~ 10:30

Church, Chapel, Graveside Delivery Only Humphrey's Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 70 Grave 6

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2437.54
Paid receipt number	
Balance due	

Cancelled by Ida

IDA COMERFORD 858-694-3506 FAX 694-3987

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 18572

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

858-694-3987

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET E48572

DATE / TIME RECEIVED CALL: 10:30 6-30-04

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

Estate Case

☒ MORTUARY NAME: Humphrey's CV
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: LARNA
TELEPHONE NUMBER: 619) 425-9111
RELATIONSHIP TO DECEASED:

NAME OF DECEASED: TROPEK

LAST NAME: ~~TOREKA~~ P.A.# ? 20041817
FIRST NAME: LESLIE INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

NOT INTERCENT
1833.20
Bill County

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: 13 SECT: BLK/ROW: LOT: 18 GR: 2A
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Larna to call back w/ PA Case Number + full name of Public Administrator. 7/7 Wed 10:30 Fax w/ Date + Time for Tues, Wed only

PA. IDA COMERFORD

Pr Plot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-30-04P01:34 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Reyes 227932

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 138 Grave 3

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985 —
Paid receipt number RS7738	246 —
Balance due	739 —

SENT TO Collections ON 5-10-06 INVOICE # 442605 ACCOUNT # 130780

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Laura Reyes
Print Name

X 1135 Oasis Ave
Address

X Chula Vista CA 91911
City Zip Code

X 619 216 1060
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18573

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

ACR01U PSWD: CUSTOMER MASTER E18573 PG 1

ACTION	OPTION	ACCOUNT	EDI CODE
A	1	130780	_

CUSTOMER NAME	SHORT NAME
LAURA REYES	LAURA

ADDRESS: 1135 OASIS AVE
CHULA VISTA, CA 91977

CITY	STATE	ZIP	COUNTRY
CHULA VISTA	CA	91977	6192161060

CUSTOMER CONTACT - NAME	PHONE	ORIG DEPT
MT. HOPE CEMETERY	619 527 3400	072

STATEMENTS	UPD BY	LAST UPDATED
N	SSB	05/10/06

REQUEST COMPLETE. CUSTOMER ACCOUNT HAS BEEN ADDED. HIT PA1 FOR NEW REQUEST.

E-18573

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 130780 INVOICE: 442605 INV DATE: 05 10 06

NAME: LAURA REYES

1) 1135 OASIS AVE 2) CHULA VISTA, CA 91977

3) 4)

CITY: CHULA VISTA ST: CA ZIP: 91977 COUNTRY: 6192161060

DEPT: 072 CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-18573 DAYS DUE: 010 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 150.00

DESCRIPTION OF CHARGE	AMOUNT
PRE-NEED LOT	150.00
DIVISION 12 SECTION 1 LOT 138	
GRAVE 3	

TOTAL DUE 150.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

18573

ACTION	BY	ACCOUNT	INVOICE	INVOICE TOTAL
A	SSB	130780	442605	150.00

ACT	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
	67007			77184					150.00

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 6/30/04

06-30-04P02:01 RCVD

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Versie Lee Sturgis Infant 227991

in a Liner (Type of Burial Container) Funeral, date, time ~~Thurs. July 8, 11:00~~ Fri. July 9 2:30

Church, Chapel, Graveside ; CA Burial-Gloria Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1204 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	138.00
Burial Container 28"L x 15"W x 11"H	~~47.00~~ PC
Handling Fees	~~28.00~~ PC
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Total Due	303.97 ~~405.97~~ PC
Paid receipt number KS7808	303.97
Balance due	0

PAID JUL 09 2004 MOUNT HOPE CEMETERY

mort. To Pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

234.3272
fax 286-2674
Paulette

Work Order # E 18574

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18574

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				UDAVIZ		
			X		Rollins	Rollins
		LATIMER				

Blind Check Initiated By: _____ Date: _____

Interment space for: Vessie Lee Sturgis Infant

Interment Date: 7-8-04 Time: 11:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1204 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: 7/6/04

E-195174

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VERSIE	LEE MARIE	STURGIS	06/17/2004	06/17/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	TRACEY D. HUNTER-MOTHER 3853 SUPERIOR ST. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ Gloria Lynch	07/01/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/01/2004 G. LYNCH	▶ 2411645

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 7/9/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Bontemacht	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

06-30-04P02:28 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ashlen Morris 227958

in a Liner (Type of Burial Container) Funeral, date, time Fri 7/2 10:00

Church, Chapel, Graveside : Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 59 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	418 —
Burial Container	209 —
Handling Fees	160 —
Flower vases galv / Marker setting	163.85
Recording/Filing/Transfer Fees	50
Sales taxes	16.20
Total Due	1997.05
Paid receipt number R57140	1997.05
Balance due	(2.95)

PAID

JUN 30 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Jim Morris
Print Name

X 4544 Oregon St. #1
Address

X San Diego 92104
City Zip Code

X (619) 294-5803
Telephone

Invoice # _____

Work Order # E 18575

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© printed on recycled paper

E-18575

41

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ASHLEN	-	MORRIS	06/08/1963	06/19/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JIM MORRIS - FATHER 454 OREGON ST. APT. 1 SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1624	▶ [signature]	6/25/04

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	06/25/2004 K.MARTINEZ	2411356 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY E18575

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Pickoff					
	~~Pickoff~~	Jones			Glover	
		~~[illegible]~~	X		~~[illegible]~~	
				Wilson		

Blind Check Initiated By: Pam Date: 6/30

Interment space for: Ashlen Morris

Interment Date: Fri 7/2 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 59 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARKEY Date: 7-1-04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Lot

Date 6/30/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Katheryn Denton 227825

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 247 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985.00
Paid receipt number R-57741	25% down 246.00
Balance due	739.00

paid in full 6-3-05 R-58905

PAID

JUN 30 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Katheryn Denton

Print Name: May Katheryn Denton

Address: 1452 Woodrow Ave

City: San Diego, CA Zip Code: 92114

Telephone: (619) 464-3509

Rosalette

Invoice # _____

Work Order # E 18576

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

227825
May
Denton, Katheryn 1152 Woodrow Ave., S.D. CA 92114 619) 464-3509

E-18576
E-18576

			DEBIT	CREDIT	BALANCE
6/30/04 Opened pre-need lot account w/25% dwn. R-57741				985.00	985.00
DIVISION 12 SEC 2 LOT 247 GR 8					246.00 739.00
8-2-04	R57856	coupon 1&2			62 — 677 —
8-31-04	57958	3&4			62 — 615 00
10-5-04	58089	5&6			62 — 553 —
11-2-04	58183	7&8			62 — 491 —
12-1-04	58278	9&10			62 — 429 —
1-4-05	58384	11&12			62 — 367 —
2-1-05	58457	13			31 — 336 —
3-28-05	58570	14			31 — 305 —
4-4-05	58709	15, 16, 17			93 — 212 —
5-2-05	R 58794	18, 19, 20			93 — 119 —
6-3-05	R-58905	21, 22, 23, 24			119 — -0-

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

07-01-04A11:07 RCV

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma Houston 227971

in a #7 liner (Type of Burial Container) Funeral, date, time Thurs 7/8/10:00

Church, Chapel, Graveside _____ : Rapsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 179 Grave 4+5

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57767	1833.20
Balance due	0

PAID

JUL 0 8 2004

MOUNT HOPE CEMETERY

I hereby certify I am the SUN X Granville Houston of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

X Granville Houston
Print Name

X 331 ST 32th Street
Address

X San Diego CA. 92113
City Zip Code

X (619) 255-9548
Telephone

Signature

Invoice # _____

Work Order # E 18577

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18577

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Thelma	Mae	Houston	04/02/1924	06/30/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Bridget Spencer, Daughter 331 S. 32nd Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ B Campbell	07/01/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/02/2004 B. Campbell	2411722 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY E-18577

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Hyde		X		Fisher	
					Cuerea	

Blind Check Initiated By: Pam Date: 7/1

Interment space for: Thelma Houston

Interment Date: Thurs 7/8 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 179 Gr: S

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Bernstein Date: 7/6/04

E18577

FORE THOUGHT®

TO: FLOYD MAYNARD HARRIS
5050 FEDERAL BLVD.
SAN DIEGO , CA 921022615

RE: NOTICE OF PAID UP LIFE INSURANCE COVERAGE

FOR YOUR RECORDS, BELOW IS A REPRODUCTION OF A NOTICE OF A PAID UP LIFE INSURANCE COVERAGE RECENTLY SENT TO THE POLICYOWNER. PLEASE REFER ANY QUESTIONS TO YOUR CUSTOMER SERVICE REPRESENTATIVE AT #1-800-331-8853.

NOTICE OF PAID UP LIFE INSURANCE COVERAGE

INSURED: THELMA M. HOUSTON

NUMBER: 001017370

AMOUNT DUE: $0.00

THIS NOTICE IS TO INFORM YOU THAT ALL PREMIUM PAYMENTS FOR THIS COVERAGE HAVE BEEN MADE AND NO FURTHER PAYMENTS ARE REQUIRED. ANY QUESTIONS SHOULD BE REFERRED DIRECTLY TO YOUR AGENT, OR TO US AT THE ADDRESS SHOWN ABOVE.

KEEP THIS NOTICE WITH YOUR POLICY/CERTIFICATE

TO: [redacted]

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07 01 04 P01:04 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie McCue 227691

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 117 Grave 9

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total	985 –
Total receipt number R-57745	246 –
Balance due	739 –

Refer family to collections 12-30-05

PAID

JUL 0 1 2004

MOUNT HOPE CEMETERY

01/23/06 Bal due of $592.90 mailed to collections

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paul Pam

Print Name: Minnie McCue 227691

Address: 5850 DOWTH AVE

City: SD, CA 92114 Zip Code

Telephone: (619) 262-7913

12-30-05

Invoice # 432953

Acct. # 128508

Work Order # E 18578

REA-104 (3-04)

This information is available in alternative formats [illegible] st.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57745

Date: July 1, 20 04

From: Minnie McCue Address: 5852 Bucath Ave SD Ca 92114

Two Hundred Forty-Six 00 Dollars ($ 246.00)

in part Payment of Pre need lot account.

Div 11 Sec 1 Blk/Row Lot 117 Grave 9

Invoice No. E-18578

Acct. No.

W.O.

BALANCE DUE $739.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

M.O. 08-039241432

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Paulette Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	246 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	246 00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust paid in full

Date 7-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jeffery Harris 227949

in a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 241 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fee	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Visa Card	1833.20
Balance due	0

PAID
JUL 02 2004
MOUNT HOPE CEMETERY

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 227948 I hold under deed.

Print Name VELMA M. COLEMAN

Address 4964 LACE PLACE

City SAN DIEGO CA Zip Code 92102

Telephone (619) 264-8503

Signature

Paulette

Invoice #

Work Order # E 18579

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot/trust paid in full

Date 7-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Jeffery Harris

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 241 Grave 4

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Visa Card	1833.20
Balance due	0

PAID
JUL 0 2 2004
MOUNT HOPE CEMETERY

I hereby certify I am the mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Velma M. Coleman

Print Name: VELMA M. COLEMAN

Address: 4964 LACEPL

City: SAN DIEGO, CA. Zip Code: 92102

Telephone: 264-8583

Paulette

Invoice # _____

Work Order # E 18579

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07 JUL 03 P03:33 RCVD

Date _____

228004

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sabrina O'Meta Carswell

in a DD 1st (Type of Burial Container) Funeral, date, time ~~Mon~~ Tues 7/13 1100

Church, Chapel, Graveside Pilgrim Baptist : Ragsdale Mortuary Tues

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 127 Grave 12

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R-57781	2250.40
Balance due	Ø

PAID

JUL 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

X James Carswell JR
Print Name

X 3641 Florence St
Address

X San Diego CA 92113
City Zip Code

X (619) 277-1762
Telephone

Signature

Pam

Invoice # _____

Work Order # E 18580

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18580

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Johnson	Angeles		
	Vasquez		X	Blackman		
		McAninch	McAninch			

Blind Check Initiated By: Ram Date: 7/2

Interment space for: Sabrina O'Meta Carswell

Interment Date: Tues 7/13 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 127 Gr: 12

Grave Laid out by: Norman Perry

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave

Blind Check & Verified By: Robert Becerra Date: 7/12/04

E-18580

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sabrina	O'Meta	Carswell	09/03/1968	06/29/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James E. Carswell, Jr., Husband 3641 Florence Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	07/06/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	07/06/2004 B. Campbell	2411760 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7/13/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Tendermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18580

CALIFORNIA INSURANCE CARD
21st Century Insurance Company

Insured(s)

JAMES CARSWELL
SABRINA NELSON
3641 FLORENCE ST
SAN DIEGO CA 92113

Rewarding Good Friends REFER A FRIEND TODAY!
IF YOUR FRIEND BECOMES A POLICYHOLDER YOU'LL RECEIVE $50 IN FREE GAS! DETAILS AT 21ST.COM.

21st Century Insurance
21st.com
1-800-211-SAVE

6301 Owensmouth Avenue
Woodland Hills, CA 91367

Policy No:	Eff. Date	Exp. Date
2299018	02/25/04	08/25/04

Year 2001 VIN JNKCA31A61T017466
Make: INFIN I30

Meets the Requirements of Section 16056
This card must be carried in the insured motor vehicle and presented upon demand *NAIC Code - 12903

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-08-04A09:41 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Otha L. Porter Jr. 227974

in a DD 1st (Type of Burial Container) Funeral, date, time Fri 7/9 10:00

Church, Chapel, Graveside Bethel : Reysdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 205 Grave 6

Grave space & Care Fund	985
Overtime/Late Arrival Fees	826
Opening/Closing & Setup 413 x2	[redacted]
Burial Container	418
Handling Fees	352
Flower vases – Marker setting fee	
Recording/Filing Fee 50 x2	100
Sales taxes	32.40
Total Due	2713.40
Paid receipt number Visa	2713.40
Balance due	0

PAID

JUL 0 6 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Jennifer L. Porter
Print Name

X 5546 Las Alturas Terrace
Address

X San Diego, CA 92114
City Zip Code

X (619) 262-7478
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18581

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18581

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Wilson	Roberts		
	Estrada		X			
	Pichardo	Grace				

Blind Check Initiated By: Dam Date: 7/6

Interment space for: Otha Porter Jr.

Interment Date: Fri 7/9 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 20E Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 7-6-04

E18581 45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Otha	Leon	Porter, Jr.	11/03/1958	07/02/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Jennifer Porter, Wife 5546 Las Alturas Terrace San Diego, CA 921[illegible]

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	07/06/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR		13.00	07/06/2004 B. Campbell	2411774 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92108-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

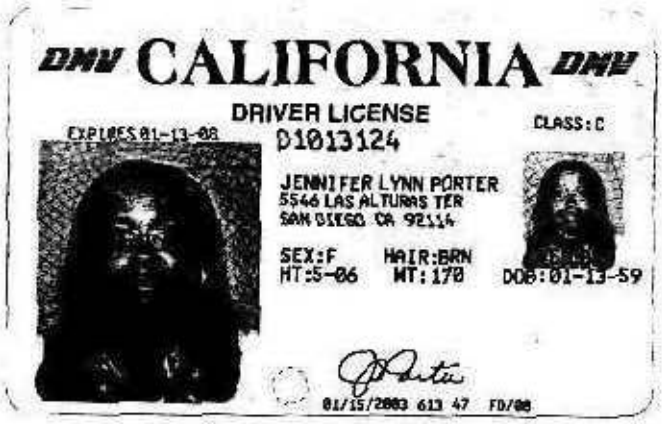
- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E18581



DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 01-13-08

D1013124

JENNIFER LYNN PORTER
5546 LAS ALTURAS TER
SAN DIEGO CA 92114

SEX:F HAIR:BRN
HT:5-06 WT:170 DOB:01-13-59

01/15/2003 613 47 FD/08

Attend

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
07-06-04A11:28 RCVD

Date 7.6.04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Billy Ray Burton 227988

in a liner
Type of Burial Container

Funeral, date, time Fri 7/9 11:00

Church, Chapel, Graveside _____ CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot ~~89~~ 95 Grave ~~9~~ 9

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Billing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57752	1833.20
Balance due	0

PAID
JUL 0 6 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Kimera Burton of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Kimera Burton
Print Name

X 1561 E. Topeka St
Address

X Pasadena 91104
City Zip Code

X 626 798-5099
Telephone

Work Order # E 18582

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18582

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Williams				
			X	Sneed		
			OOHN			

Blind Check Initiated By: Pam Date: 7/6

Interment space for: Billy Burton

Interment Date: Fri 7/9 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 95 Gr: 2

Grave Laid out by: Norman Perquem

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [signature] Date: 7.7.04

E18582

49

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BILLY	RAY	BURTON	05/01/1955	07/03/2004	M

5A. CITY OF DEATH: NATIONAL CITY

5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DELLA BURTON-MOTHER
26828 CHINA DR.
SUN CITY, CA 92585

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
CALIFORNIA CREMATION & BURIAL CHAPEL
5680 EL CAJON BLVD., SAN DIEGO, CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

8A. SIGNATURE OF APPLICANT—Person making permit: [signature]

8B. DATE SIGNED: 07/07/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 07/07/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: J.BENYARD 2411862

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [X] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/9/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL M. Zentermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18582

ATT: PAM

At rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-06-04A11:04 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion A. Glascock 225597

in a liner (Type of Burial Container) Funeral, date, time Thur 7/8 1:30

Church, Chapel, Graveside _____ Conrad Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division C Section 4 Blk/Row _____ Lot 23 Grave 9

Grave space & Care Fund	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases & Marker setting fee	138 —
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.80
Total Due	986.80
Paid receipt number R57753	986.80
Balance due	-0-

PAID

JUL 0 6 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Pam

Print Name: Ivy Westmoreland

Address: 7360 Mt. Vernon

City: Lemon Grove Zip Code: 91945

Telephone: (619) 465-9768

Invoice # _____

Work Order # E 18583

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18583

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Frenett				
	Glascock		X	Bell		
		Fitzpatrick		Crawford		

Blind Check Initiated By: Ron Date: 7/6

Interment space for: Marion Glascock

Interment Date: Thurs 7/8 Time: 1:30

Div: 6 Sect: 4 Blk/Row: ____ Lot: 23 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-7-04

E18583

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARION	ALBERT	GLASCOCK	05/29/1905	07/03/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Ivy S. Westmoreland - Trustee 7360 Mount Vernon Street Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD941	▶ Kim Beaulieu	07/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Kim Beaulieu 07/07/2004	2411848 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

GREAT AMERICAN. INSURANCE GROUP

INSURED

E18583

MAILING DATE 03/22/2004

PAYMENT NOTICE

ADDRESSEE
Albert Glascock
3550 29th Street
San Diego CA 92104

33

PRODUCER
Alcott Insurance Agency
3945 Idaho St
San Diego CA 92104

POLICY INQUIRIES CALL YOUR AGENT	(619) 293-3800
PAYMENT STATUS CALL GREAT AMERICAN	(800) 345-7306
PAYMENT BY PHONE	(800) 458-4461
TO PAY ELECTRONICALLY CALL	(800) 991-7771

ACCOUNT: 000465572 **MINIMUM DUE:** $157.75 **DUE BY:** 05/01/2004

HOMEOWNERS POLICY
NUMBER 2956341

BALANCE ON PRIOR STATEMENT:			$572.00
04/28/03	PAYMENT RECEIVED		-572.00
03/10/04	RENEWAL POLICY	EFFECTIVE 05/01/04	606.00
03/10/04	WORKERS COMP	EFFECTIVE 05/01/04	5.00

NEW BALANCE: $611.00

* Your renewal policy has been mailed separately. You may avoid installment charges by paying the new balance by the due date shown. Please allow sufficient time for mailing and processing your payment.

REG INS KEEP THIS PART FOR YOUR RECORDS. YOUR CANCELLED CHECK IS YOUR RECEIPT.

F14160A (11/02)

DETACH AND RETURN THIS STUB WITH YOUR CHECK IN THE ENVELOPE PROVIDED.

GREAT AMERICAN. INSURANCE COMPANIES

PAYMENT NOTICE

PAY EITHER: NEW BALANCE $611.00 OR MINIMUM DUE $157.75 *

ALBERT GLASCOCK 3550 92104

ACCOUNT: 000465572 **POLICY NUMBER:** HP 2956341 **DUE BY:** 05/01/2004

GREAT AMERICAN INSURANCE COMPANIES
DIRECT BILL ACCOUNTING UNIT- FPS
P.O. BOX 741839
CINCINNATI, OH 45274-1839
MAKE CHECKS PAYABLE TO GREAT AMERICAN INSURANCE COMPANIES.

CHARGE TO: AMERICAN EXPRESS, DISCOVER, VISA, OR MASTERCARD
CARD NO. _____
EXP DATE _____ AMOUNT $ _____
SIGNATURE _____
DAYTIME PHONE ( ) -

Y012004032300281289138938000015775000061100000046557254

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 04 A11:28 RCVD

Date _____

227993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Rigby PA20041807

In a DD 1st Funeral, date, time ~~Wed 7/7~~ 9:00 Mon 7/12

Type of Burial Container

~~Church, Chapel, Graveside~~ dd ; Bayview Mortuary. PA Nancy Holder

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 2

Grave space & Care Fund	131	~~129~~ PH
Overtime/Late Arrival Fees		
Opening/Closing & Setup	454	~~439~~ PH
Burial Container	132	~~130~~ PH
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	49	~~47~~ PH
Sales taxes	10.23	~~9.92~~
Total Due	776.23	~~745.92~~

PAID AUG 18 2004 Billed County

MOUNT HOPE CEMETERY

Paid receipt number 4103460 776.23

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Print Name PA

X Address

X City Zip Code

X Telephone

Signature

Pam

Invoice # 402193

Work Order # E 18584

Acct. # 000952

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18584

44

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	EDWARD	RIGBY	12/16/1959	FOUND 05/23/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OCEANSIDE	SAN DIEGO	NANCY HOBBS - PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BAYVIEW CREM. & BURIAL, 7510 CLAIREMONT MESA BLVD. #109, SAN DIEGO, CA 92111	[illegible]-1661	▶ [illegible]	07/07/2004

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/08/2004 R.MARTINEZ	2411909 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-6-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Pegg 227795

in a Liner (Type of Burial Container) Funeral, date, time Friday July 9 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 128 Grave 9

Grave space & Care Fund E-18492	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup "	—
Burial Container "	—
Handling Fees "	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees "	—
Sales taxes "	—
Total Due	Ø
Paid receipt number	—
Balance due	Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Work Order # E 18585

Print Name

Address

City Zip Code

Telephone

See attached signature

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18585

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Gutierrez		Garza	Stevens	
	Blackman		X			
			Gerhardt	mayfield		

Blind Check Initiated By: Paulette Date: 7-6

Interment space for: Louise L. Peagy

Interment Date: 7-9-04 Time: 1:00 Church

Div: 12 Sect: 2 Blk/Row: ____ Lot: 128 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Norwig Date: 7-7-04

E-18585 S1

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Louise	-	Pegg	02/15/1923	07/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Opal Blackman, DPOA P.O. Box 82312 San Diego, CA 92138-2312

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blanca [illegible]	07/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/08/2004	2411983 B. Campbell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-6-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise L. Pegg

in a Liner (Type of Burial Container) Funeral, date, time Friday July 9 1:00

Church, Chapel, Graveside _____ Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 128 Grave 9

Grave space & Care Fund E-18492	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	0
Paid receipt number	—
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Opal Blackman (Signature)

Paulette

Work Order # E 18585

Opal Blackman (Print Name)

P.O. Box 82312 (Address)

San Diego, CA 92138 (City, Zip Code)

696-6984 (Telephone)

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot + trust paid

Date 7-6-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TIMON & HELEN JACKSON

in a D.B. Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 95 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup 2 @ $413.00	826.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees 2 @ 50.00	100.00
Sales taxes	32.40
Total Due	2713.40
Paid, receipt number R-5756	2713.40
Balance due	Ø

PAID
JUL 06 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

227967

I hereby authorize the interment in lot I hold under deed.

Helen Jackson
Signature
227966

TIMON & HELEN JACKSON
Print Name
1031 BEVERLY
Address
SAN DIEGO, CA 92114
City Zip Code
619 263 9510
Telephone

Work Order # E 18586

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Attd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-07-04A07:55 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Rembole 227994

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 7/12 10:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 19 Grave 12

Grave space & Care Fund ..... E 18555 ..... —

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... —

Burial Container ..... —

Handling Fees ..... —

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... —

Sales taxes ..... —

Total Due ..... _____

Paid receipt number _____ _____

Balance due —

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Print Name

X _____
Address

X _____
City Zip Code

X _____
Telephone

Signature Pam

Invoice # _____

Work Order # E 18587

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18587

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				McClellan		
	Kirkpatrick		X	Blair		
		Richards	Richards			

Blind Check Initiated By: Pam Date: 7/7

Interment space for: Clarence Ramble

Interment Date: Mon 7/12 Time: 10:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 19 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: ____ Date: ____

E18587 67

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Clarence	Edward	Remble, Sr.	04/04/1937	07/04/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Zenobia Remble, Wife 731 Quail Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	07/07/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	07/07/2004	2411886 B. Campbell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7/12/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Attd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-07-04A07:55 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Remble

In a TS Vault (Type of Burial Container) Funeral, date, time Mon 7/12 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 19 Grave 12

Grave space & Care Fund 0

Overtime/Late Arrival Fees ..... E 18555

Opening/Closing & Setup 0

Burial Container 0

Handling Fees 0

Flower vases – Marker setting fee 0

Recording/Filing/Transfer Fees 0

Sales taxes 0

Total Due .....

Paid receipt number _____

Balance due 0

I hereby certify I am the X Zenobia Remble of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Zenobia Remble
Print name

X 731 Quail Street
Address

X San Diego 92102
Zip Code

X (619) 264-8645
Telephone

Work Order # E 18587

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sabrina Caswell

in a DD 1st (Type of Burial Container) Funeral, date, time Tues 7/13 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

VOID

Division 12 Section 2 Blk/Row _____ Lot 127 Grave 12

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

Dup

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

_____
Print Name

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 18588

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At need
Total of 12 chars

Date 7-7-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Cobb 227984

in a Liner (Type of Burial Container) Funeral, date, time Friday July 9 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 23 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57797	1833.20
Balance due	0

PAID
JUL 09 2004
MOUNT HOPE CEMETERY

Mort. To Pay

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Lois Walker
Signature

LOIS WALKER
Print Name
4903 DATE ST.
Address
SAN DIEGO 92102
City Zip Code
(619) 262-8978
Telephone

Paulette

Work Order # E 18589

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18589

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Doris	Mae	Cobb	09/24/1925	07/05/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lois Wilker, Daughter 4903 Date Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Cudney	07/07/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/08/2004 B. Campbell	▶ 2411859

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [/] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Ray Snider	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY E-18589

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Janey	Janey	Bemis	
			X		Delgado	

Blind Check Initiated By: Paulette Date: 7-7

Interment space for: Doris Cobb

Interment Date: 7-9-04 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 23 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No Paulette

Blind Check & Verified By: _____ Date: _____

E-18589

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-24-04

B1524477

CLASS:C

DORIS MAE COBB
4903 DATE ST
SAN DIEGO CA 92102

SEX:F HAIR:BLK EYES:BRN
HT:5-00 WT:147 DOB:09-24-25

RSTR:CORR LENS

Doris M. Cobb

10/26/1999 506 A3 FD/04

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
07-08-04P01:31 RCVD
Date

228002

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Viola Stewart

in a DO 1st Funeral, date, time Mm 7/12 1:00
Type of Burial Container

Church, Chapel, Graveside ; Rapdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165

will be applied and billed to undersigned. X

Division 12 Section 2 Blk/Row Lot 43 Grave 3

Grave space & Care Fund E-16259 -0-

Overtime/Late Arrival Fees

Opening/Closing & Setup 413

Burial Container 418

Handling Fees 35 60

Flower vases – Marker setting fee

Recording/Filing/Transfer Fees 50

Sales taxes 32.40

Total Due 1265.00

Paid receipt number R57819 1265.00

Balance due -0-

PAID
JUL 12 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

X
Print Name

X
Address

X
City Zip Code

X
Telephone

Signature

Pam

Invoice #

Work Order # E 18590

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18590

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Winford	Throckmorton	King		
	Severe	Johnson	X	Espino		
		Andrews	Grundy			

Blind Check Initiated By: Pam Date: 7/8

Interment space for: Viola Stewart

Interment Date: Mon 7/12 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 43 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

place on grave

Blind Check & Verified By: David Noriega Date: 7-7-04

E 18590 92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Viola	-	Steward	08/10/1911	07/03/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jean Osby, Daughter 3095 Olive View Road Alpine, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	07/07/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/08/2005 B. Campbell	2411987 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego CA 92108-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-18590

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 08-10-09

A0315361

VIOLA STEWARD
5554 LAS ALTURAS TER
SAN DIEGO CA 92114

SEX:F HAIR:BRN EYES:BRN
HT:5-03 WT:161 DOB:08-10-

Viola Steward

06/29/2000 506 25 FD/09

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

07-08-04P03:28 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Greene 228015

in a linen Funeral, date, time Thurs 7/15 11:00

Type of Burial Container

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 186 Grave 8

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	140
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Visa	1833.20
Balance due	0

PAID

JUL 0 8 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X JAMES I GREENE
Print Name

X 7146 POTRERO AVE
Address

X EL CERRITO, CA 94530
City Zip Code

X 510 235 4610
Telephone

Work Order # E 18591

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18591

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
			Hedrickson	Distad		

Blind Check Initiated By: Pam Date: 7/8

Interment space for: Nancy Greene

Interment Date: Thurs 7/8 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 186 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Map on Grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEY Date: 7-13-04

E 18591

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NANCY	MARIE	GREENE	04/04/1931	07/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JAMES T. GREENE-SON 7146 POTRERO AVE. EL CERRITO, CA 94530

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103060 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Gloria Lynch	07/12/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/12/2004 G. LYNCH	2412142

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 7-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL David Noriega	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 18591

CALIFORNIA

DRIVER LICENSE

CLASS: C

N2649783

This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

EXPIRES 04-04-04

NANCY GREENE
842 BOLLENBACHER ST
SAN DIEGO CA 92114

SEX: F HAIR: BLK EYES: BRN
HT: 5-09 WT: 203 DOB: 04-04-31

Nancy H. Greene

02/26/99 Z35 / FD/04 R7169

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-09-04A10:50 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josie Shipley 218694

in a DD 1st (Type of Burial Container) Funeral, date, time Fri 7/16 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 106 Grave 8

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
X Opening/Closing & Setup	413 –
Burial Container	48 –
Handling Fees	352 –
Flower vases – Marker setting fee	
X Recording/Filing/Transfer Fees	50 –
Sales taxes	32.40
Total Due	2250.40
Paid receipt number	M/C 2250.40
Balance due	0

PAID JUL 09 2004 MOUNT HOPE CEMETERY

I hereby certify I am the X 1ST SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Willie Shipley Jr.
Print Name
X PO Box 152532
Address
X SD CA 92195
City Zip Code
X (619) 977-6134
Telephone

Invoice # _____

Work Order # E 18592

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18592

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Buchanan			
		[illegible]	x		Rackley	
		Bradford		Hunt		

Blind Check Initiated By: Pam Date: 7/9

Interment space for: Josie Shipley

Interment Date: Fri 7/16 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 106 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: ____ Date: ____

E-18592

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSIE LEE	VIOLET	SHIPLEY	06/04/1954	07/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	WILLIE SHIPLEY, JR - SON 883 CAMINO DEL SOL CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	[signature]	07/12/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/14/2004 J. BENYARD	2412326

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 7/16/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

07-09-04P01:01 RCVD Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diane Dawson 228013

in a Liner (Type of Burial Container) Funeral, date, time Thurs 7/15 12:00

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row Lot 42 Grave 5

PAID

JUL 14 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57794	1833.20
Balance due	0

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Joseph Armstrong
Print Name

3769 Teak St
Address

San Diego CA 92113
City Zip Code

(619) 527-2253
Telephone

Invoice # _____

Work Order # E 18593

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E18593

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIANE	-	DAWSON	12/30/1955	fd07/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSEPH ARMSTRONG-SON 3769 TEAK STREET SAN DIEGO CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE NATIONAL CITY CA 91950	FD-1689	▶ [signature]	07/12/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10976 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/12/2004 V MITCHELL	▶ 2412159

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92106	11B. DATE BURIED 7-15-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Harvey R. Fambro	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY E18593

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Tapia			
Taylor	Miller	Taylor	X			
	Walker					

Blind Check Initiated By: Pam Date: 7/9

Interment space for: Diane Dawson

Interment Date: Thurs 7/15 Time: 12:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 42 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Paulette

Blind Check & Verified By: _____ Date: _____

Fax ID
mr. Hope

E18593

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-12-04A09:56 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sandra Ramos 228006

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 7/16 11:00

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 184 Grave 5

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases - Marker setting fee (Trim)	189.63
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	2137.94
Paid receipt number R-57772	2163.79
Balance due	refund <25.85>

PAID

JUL 12 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X ALVINO R. ZARAZUA
Print Name

X 422 ARTEMIS
Address

X S.A. TX, 78218
City Zip Code

X
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18594

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18594

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X		Martinez	

Blind Check Initiated By: Pam Date: 7/12

Interment space for: Sandra Ramos

Interment Date: Fri 7/16 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 184 Gr: 5

Grave Laid out by: Norman Fe

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 7-14-04

E18594

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SANDRA	LEE	RAMOS	01/19/1969	07/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANGELITA RAMOS-MOTHER 817 ETA ST. #703 NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	Gloria Lynch	07/12/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/12/2004 G. LYNCH	2412161

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 7-14-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 7/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lurene Reese Ø 226326

in a ASH Vault (Type of Burial Container) Funeral, date, time AYD 8/31/04

Church, Chapel, Graveside Delivery Only ; Featherington Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 5839511 PAUL 6(A)

will be applied and billed to undersigned.

Division 10 Section ____ Blk/Row ____ Lot 2138 Grave 1

Grave space & Care Fund D-810	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container	81.00
Handling Fees	88.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	395.28
Paid receipt number	395.28
Balance due	Ø

PAID
JUL 20 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Work Order # E 18595

Print Name

Address

City Zip Code

Telephone

See attached

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18595

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Boyd		Rubendall			
	Mackart	Jr. Reed	X			
		Jackson				

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: Lurene Reed

Interment Date: 8-31-04 Time: AM

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2138 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 8/31/04

F18595

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lurene	Emma	Reese	03/07/1906	06/10/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Plover	Wisconsin	Mary Ann Heck (Niece) 3111 Gilman Dr. Plover, WI 54467

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ M Domingo	08/20/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/20/2004 M. Dominguez	2414443 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-31-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lurene E Reese

In a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the X Co Executor of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature

X Ronald R. Heck
Print Name

X 3111 Gilman Dr
Address

X Plover WI 54467
City Zip Code

X 715-344-5253
Telephone

Invoice # _____

Work Order # E 18595

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
Middle of Grave

Date 7-14-04

07-14-04A11:38 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Staubach 219936

In a ASH VAULT (Type of Burial Container) Funeral, date, time 7/23 AYD 9:00

Church, Chapel, Graveside Delivery Only: Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Kyle

will be applied and billed to undersigned.

Division 8 Section 3 Blk/Row Lot 619 Grave

Grave space & Care Fund C-1756	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-57786	297.73
Balance due	Ø

PAID
JUL 14 2004
MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Joan S. Volker
Signature

x Joan S. Volker
Print Name

x 9780 Grosalia Ave
Address

x La Mesa 91941
City Zip Code

x 619-469-9856
Telephone

Paulette

Work Order # E 18596

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E18596

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Longer	under		
	Volker	schaad	X			

Blind Check Initiated By: Paulette Date: 7-21

Interment space for: Fred Staubach ☒

Interment Date: 7/23 Time: AYD

Div: 8 Sect: 3 Blk/Row: ____ Lot: 619 Gr: 1

Grave Laid out by: Norman Fa[illegible]

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Flag

Blind Check & Verified By: DARREYL Date: 7-21-04

E-18596 81136
037423

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FRED	WILLIAM	STAUBACH	04/26/1901	07/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	JOAN VOLKER(DAUGHTER) 9780 GROSALIA AVE. LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature] 8B. DATE SIGNED: 07/16/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/16/2004 JILL GIBSON	2412502 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 7-23-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Fenn	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVE, COSTA MESA, CA 92626	12B. DATE CREMATED JUL 21 2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need D.I.P.

Date 7-14-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adair, Kelli Renee 208024

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. July 17, 11:00

Church, Chapel, Graveside _____ : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 17 Grave 12

Grave space & Care Fund	875.00
Overtime/Late Arrival Fees	660.00
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	15.00
Sales taxes	21.31
Total Due	2493.31
Paid receipt number R-57787	1900.00
Balance due	593.31
R-57789	193.31
R-57790 Dul	400.00
	400.-

PAID

JUL 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Son Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Orva Savare
Signature

ORVA SAVARE
Print Name

5065 CERVANTES
Address

SAN Diego CA 92113
City Zip Code

(619) 581-9689
Telephone

Paulette

Work Order # E 18597

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18597

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

					Ward	
	Bishop		X		Lemay	
				Turner	Turner	

Blind Check Initiated By: Paulette C. Date: 7/14/04

Interment space for: Kelli R. Adair

Interment Date: 7-17-04 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 17 Gr: 12

Grave Laid out by: [illegible]

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No + Flag

Blind Check & Verified By: David Norris Date: ____

E-18597 3C

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kelli	Renee	Adair	09/06/1967	07/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Orva Ray Savara - Mother 5065 Cervantes Avenue San Diego, California 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste. A San Diego, California 92104	FD-1746	▶ Mark Jet	07/19/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/19/2004 Mark Jenkins	▶ 2412544

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P.O. Box 85222
San Diego, California 92186-52222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. S. D. Ca 92102	11B. DATE BURIED 7-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ David Morrison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

07-14-04P01:54 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Romulo Jansuy 227976

in a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 15 Grave 5+6

Grave space & Care Fund NON Res 1310 X 2 2620 —

Overtime/Late Arrival Fees _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording/Filing/Transfer Fees _____

Sales taxes _____

PAID

JUL 21 2006

MOUNT HOPE CEMETERY

Total Due 2620 —

Paid receipt number R57791 656 —

Balance due 1964 —

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

x ROMULO D JANSUY
Print Name

x 2545 Noble Canyon Rd.
Address

x CHULA VISTA CA 91915
City Zip Code

x (619) 934-3708
Telephone

Invoice # _____

Work Order # E 18598

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18598

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-05-07 N6750608 CLASS:C

ROMULO DE LIMA JANSUY
9312 SAN DIEGO ST
SPRING VALLEY CA 91977

SEX:M HAIR:BLK
HT:5-04 WT:185 DOB:09-05-60

RSTR:CORR LENS

09/05/2002 677 14 FD/07

I.D. Card or
Driver License No. H 6750608

Enter your new address below:
2545 NOBLE CANYON ROAD
CHULA VISTA CA. 91915

Carry this change of address card with your I.D. or driver license. Do not tape or staple it to your driver license or ID.

DL 43 (REV. 8/94)

DMV
A Public Service Agency

Pin # 227976 (Contract Expires July 2006) Two year contract Monthly $82.00 Final $78.00 E-18598

JANSUY, ROMULO D. 2545 Noble Canyon Rd CV 91915 (619)934-3708

				Debit	Credit	Balance
07-14-2004	Opened pre need lot w/ 25% down					
	Div 12 Sec 2 Lot 15 Gr 5&6			2620.00		
		R-57791			656.00	1964.00
7-28-04	57843	#1	aug 04	2096.04 —	82.00	1882.00
9-17-04	58017	Coupon #2	Sept 04	80.00 2096 —	82.00	1800.00
10-19-04	58149	3	Oct 04		82.00	1718 —
11-9-04	58220	4	Nov 04		82.00	1636 —
12-8-04	58301	5	Dec 04	PAID	82.00	1554 —
1-6-05	58395	6	Jan 05		82.00	1472 —
1/26/05	58446	7	Feb 05	JUL 14 2006	82.00	1390 —
3/8/05	58599	8	Mar 05		82.00	1308 —
4/8/05	58721	9	April 05		82 —	1226 —
5-5-05	58808	10	May	MOUNT HOPE CEMETERY	82	1144 —
6/14/05	58950	11	June 05		82 —	1062 —
7/14/05	R - 59360	12	July 05		82 —	980 —
8-11-05	R - 59068	#13	Aug 05		82 —	898 —
9-19-05	R - 59196	#14	Sept 05		82 —	816 —
10/10/05	R - 59285	#15	Oct 05		82 —	734 —
11-10-05	R - 59398	#16	Nov 05		82 —	652 —
12/14/05	R - 59493	#17	Dec 05		82 —	570 —

— over —

payment due 14th of each month E-18598

JANSUY, ROMULO D.
12-2-15-5&6

			Debit	Credit	Balance
		- BALANCE FORWARDED -			570 —
1/12/06	P-00057	Coupon # 18 Jan 06		82. —	488 —
2-8-06	P-00111	" 19 Feb 06		82 —	406 —
3-1-06	P-00157	" 20 Mar 06		82 —	324 —
4-5-06	P-00212	" 21 April 06		82 —	242 —
5-11-06	P-00285	" 22 May 06		82 —	160. —
6/4-06	P-00345	# 23 June 06		82 —	78 —
7-14-06	P-00390	# 24 July 06		78	— 0 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00111

Date: 2-8, 20 06

From: Romulo D. Jinsuy Address: on record

EIGHTY - TWO AND 00 Dollars ($ 82.—)

in part Payment of Pre-need lot account.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 406.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2350

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB - 8 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82.—
Trust	77186	
TOTAL PAID		$ 82.—

AC-212 (11-05)

This information is available in alternative formats upon request

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00057

Date: 1/12, 20 06

From: Romulo D. Jansuy Address: on record

Eighty - Two and 00 Dollars ($ 82.00)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 488.00

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2285

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 12 2006

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	87007		
20% Sales Care	77184		
Pre-Need	83033	82.	—
Trust	77186		
TOTAL PAID		$ 82.	—

AC-212 (11-05)

This information is available in alternative formats upon request.

R-59493

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12/14, 2005

From: Romulo D. Jansy Address: on record

Eighty-two and 00 Dollars ($ 82 —)

in print Payment of Pre-need coupon #17

Lot 15 Grave 586 Row — Section 2 Division Block 12

Invoice No. E-18998

Acct. No.

W.O.

BALANCE DUE $ 570 —

Pre-Need Lot | ✓ | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | ✓ |

2187

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82. —

R- 59398

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Nov. 10, 20 05

From: Ronald D. Jansuy Address: On record

Eighty-Two and 00 Dollars ($ 82.—)

in Paid Payment of Pre-need lot account.

Lot 15 Grave 546 Row Section 2 Division ~~Block~~ 12

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $1052.—

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 10 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	82 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82 —

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | X

2137

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

59285

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 10/10 .2005

From: Romulo D. Jansuy Address: On record

Eighty - Two and 00 Dollars ($ 82.—)

in part Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 734.—

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X 2023

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

OCT 07 2005

MOUNT HOPE CE

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59195
E-18598

Date: 9/19, 2005

From: Jausay, Romulo Address: on record

Eighty - two Dollars ($ 82 —)

in cash Payment of pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E 18598

Acct. No.

W.O.

BALANCE DUE $ 816 —

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

2710

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 16 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	82	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	82	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59068

Date: 8/11 , 2005

From: Romulo D. Jansuy Address: on record

Eighty two and 00 Dollars ($ 82.00)

in Part Payment of Pre-need lot account.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $898.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

B63

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

AUG 1 1 2005

MOUNT HOPE CEMETERY

ISSUED BY Paulette C.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

59360
E18598

Date: 7-14, 20 05

From: Romulo D. Ignacio Address: on record

Eighty - two and 00 Dollars ($ 82.00)

in part Payment of pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 546

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $980.

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1087

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JUL 14 2005

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82 —

AC-212 (Rev 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58950

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 6-14, 2005

From: R. Jansuy Address:

EIGHTY TWO Dollars ($ 82-)

in part Payment of Pre-need Lots.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 1062.-

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 13 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.-
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.-

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request

2662

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

58808

MOUNT HOPE CEMETERY

(619) 527-3400

Date: 5/5, 20 05

From: R. Jansuy Address: on record

EIGHTY TWO Dollars ($82—)

In part Payment of Pre-need Lots

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $1144.00

Pre-Need Lot X At Need | | On Acct | |

Pre-need Trust | | Cash | | Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 04 2005

MOUNT HOPE CEMETERY

ISSUED BY pcranford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82 —

AC-212 (Rev. 4-04) 2621

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58721

Date: 4/8, 20 05

From: R. Jansey Address: on record

Eighty-two Dollars ($ 82 —)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 546

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 1226. —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1161

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 05 2005

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA E18598

58599

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 3/8, 20 05

From: Romulo D. Janeway Address: on record

Eighty two and 00 Dollars ($ 82.—)

in part Payment of pre-need lot account.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 1,308.—

Pre-Need Lot X At Need On Acct

Pre-need Trust Cash Check X

1368

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY paulette

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.—
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA E18598

MOUNT HOPE CEMETERY
(619) 527-3400

58446

Date: 1/26, 2005

From: Romulo Vansuy Address: on record

Eighty-Two and 00 Dollars ($ 82.00)

in part Payment of Pre-need Lots (2) Lots

Div 12 Sec 2 Blk/Row Lot 15 Grave 5&6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 1390.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 1338

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN 24 2005

MOUNT HOPE CEMETERY

ISSUED BY PCrawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58395

Date: Jan. 6, 2005

From: Romulo Jansuy Address: 2545 Noble Canyon Rd. C.V.

eighty two 00/100 Dollars ($ 82 —)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE 1,472 —

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

JAN - 6 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	82	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	82	—

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58301

Date: Dec 8, 20 04

From: Romulo Jansuy Address: 2545 Noble Canyon Rd. C.V. Ca. 91915

eighty two 00/100 Dollars ($ 82 00)

in part Payment of pre need lot

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE 1,554 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1258

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 8 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	82	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	82	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58220

Date: Nov. 9, 20 04

From: Romulo D. Jansuy Address: 2545 Noble Canyon Rd. C.V. CA. 91915

eighty-two 00/100 Dollars ($ 82 —)

in part Payment of pre-need lot

Div 12 Sec 2 Blk/Row ____ Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No. ____

W.O. ____

BALANCE DUE 1636.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 751

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 0 9 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82 —
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58149

Date: Oct 19, 20 04

From: Romulo Gansing Address: 2645 Noble Canyon rd CV 91915

Dollars ($ 82.00)

in part Payment of pre need

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E18598

Acct. No.

W.O.

BALANCE DUE 1718 —

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓ 740

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 19 2004

MOUNT HOPE CEMETERY

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77164		
80% Sales	100	82	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	82	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58017

Date: September 17 20 04

From: Romulo D. Jonsuy Address: 2545 Noble Canyon Rd CV 91915

Eighty. Two and 00 Dollars ($ 82.00)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 1800.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

713

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

SEP 15 2004

MOUNT HOPE CEMETERY

ISSUED BY Pickford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	82.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	82.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57843

Date: July 28, 20 04

From: Romulo Jansuy Address: 2545 Noble Canyon Rd. CV 91915

Dollars ($ 82.00)

In part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E 18598

Acct. No.

W.O.

BALANCE DUE 1882.00

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ✓

Ldo

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON FACE.

PAID

JUL 28 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	82	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	82	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00390

Date: July 14, 20 06

From: Romulo D. Jansoy Address:

Seventy eigh ns/00 Dollars ($ 78.00)

in Payment of

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No.

Acct. No. E-18598

W.O.

BALANCE DUE ~~0~~

☐ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2690

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 14 2006

MOUNT HOPE CEMETERY

ISSUED BY Maria D.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	78 00
Trust	77186	
TOTAL PAID	$	78 00

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00345

Date: 6-14, 2006

From: R. Jansuy Address: on record

EIGHTY - TWO Dollars ($ 82 —)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 78 —

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUN 14 2006

MOUNT HOPE CEMETERY

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82 —
Trust	77186	

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☒ Check 2642 ISSUED BY P.C.

TOTAL PAID $ 82 —

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00285

Date: 5/11, 20 06

From: Romulo D. Jansuy Address: on record

EIGHTY-TWO AND 00 Dollars ($ 82.—)

in part Payment of Pre-need lot.

Div 12 Sec 2 Blk/Row Lot 15 Grave 5 & 6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 160.—

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2559

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 10 2006

MOUNT HOPE CEMETERY

ISSUED BY paulette C.

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82.—
Trust	77186	
TOTAL PAID	$	82.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00212

Date: 4-4, 20 06

From: Romulo D. Jansuy Address:

Dollars ($ 82-)

in part Payment of Pre-need

Div 12 Sec 2 Blk/Row Lot 15 Grave 5+6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE $ 242.-

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

APR 04 2006

MOUNT HOPE CEME

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82-
Trust	77186	
TOTAL PAID	$	82-

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2500 ISSUED BY Paulette

AC-212 (11-05)

This information is available in alternative formats upon request.

E 18598

P 00151

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

Date: Mar 1, 2006

From: R. Jansen Address: On record

Eighty-two and 00 Dollars ($ 82 —)

in part Payment of Pre-need lot

Div 12 Sec 2 Blk/Row Lot 15 Grave 5&6

Invoice No. E-18598

Acct. No.

W.O.

BALANCE DUE ~~[illegible]~~ $324 —

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 1 2006

MOUNT HOPE CE...

ISSUED BY Paulette

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	82 —
Trust	77186	
TOTAL PAID	$	82 —

☑ Pre-Need Lot ☐ Money Order

☐ Pre-Need Trust ☐ Charge

☑ Check 2399

AC-212 (11-05)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 7/14/2004

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTHONY W. TRIMBLE

in a LINER (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 230 Grave 12

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1,833.20

Mt Hope Cemetery must receive payment in full 48 hours prior to service date and time.

x Valerie Harrison Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18599

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18599

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

FAX TRANSMISSION

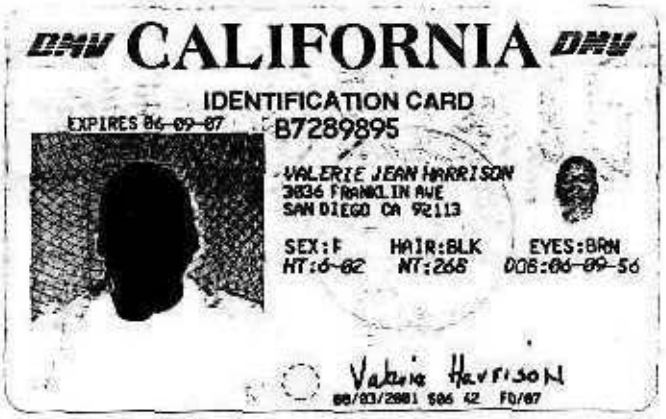
Date: 7-14-04	From: Paulette
To: Linda Pena victims of crime	Telephone #: (619) 527-3400
Telephone #:	Fax #: (619) 527-3403
Fax # (619) 685-6521	Pages (including this cover sheet):
Subject: Information to be filled in by Mortuary	

Mt. Hope Cemetery Burial Fee Payable by Mortuary

Date and time faxed to Mortuary:	unknown
Burial fee amount due:	1833.20
Burial service fee for:	Anthony W. Trimble
Date and time of burial service:	unknown
Due date of burial fee to Mt Hope Cemetery:	48hrs prior to service
Prepared by:	Paulette Crawford
Signature:	Paulette Crawford
Mortuary Approval (print name):	
Signature:	
Date faxed back to Mt. Hope Cemetery:	
Comments:	Please sign Linda
	and date for payment

Mt. Hope Cemetery
Tel (619) 527-3400 • Fax (619) 527-3403

E-18599



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 06-09-07 B7289895

VALERIE JEAN HARRISON
3836 FRANKLIN AVE
SAN DIEGO CA 92113

SEX:F HAIR:BLK EYES:BRN
HT:6-02 WT:268 DOB:06-09-56

Valerie Harrison
06/03/2001 506 42 FD/07

Paid in full
Pre-need
Lot/Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/05/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ethel C. Jimenez of 228041

in a liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 11 Section 1 Blk/Row Lot 62 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	204.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Paid by Visa	1833.20
Balance due	0

PAID
JUL 15 2004
MOUNT HOPE CEMETERY

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette Rex

Work Order # E 18600

Print Name See attached for signatures

Address

City Zip Code

Telephone

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

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Paulette: E-18600

Thank you for your kindness regarding the burial site. I have Power of attorney over my mother.

Thank you

Barbara Lauller

Paid in full
Pre-need
Lot/Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Ethel C. Jimenez 228041

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 62 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413.00
Burial Container	204.00
Handling Fees	160.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number Paid by Visa	1833.20
Balance due	Ø

PAID
JUL 15 2004
MOUNT HOPE CEMETERY

I hereby certify I am the [redacted] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[redacted]

Paulette

228040

[redacted] BARBARA LEICH TAMEL
[redacted] 836 W. PENNSYLVANIA AVE #306
[redacted] San Diego CA 92103
Zip Code
[redacted] 619 682-2041

Invoice # _____

Work Order # E 18600

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7/16/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janie Clark 207043

in a Liner (Type of Burial Container) Funeral, date, time Mon. July 19 9:00

Church, Chapel, Graveside _____ : Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 91 Grave 8

Grave space & Care Fund	E-7949	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	"	—
Burial Container	"	—
Handling Fees	"	—
Flower vases – Marker setting fee		—
Recording/Filing/Transfer Fees	"	—
Sales taxes	"	—
Total Due		—
Paid receipt number	3/7/89 R-37463	
Balance due		0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Work Order # E 18601

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18601

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Williams	Williams			
			X	watson	Tooner	
			Easter			

Blind Check Initiated By: P Crawford Date: 7-16

Interment space for: Vanie Clark

Interment Date: 7/19/04 Time: 9:00 Church

Div: 11 Sect: 2 Blk/Row: ____ Lot: 91 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 7-16-04

E 18601

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Janie	-	Clark	08/16/1904	07/13/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Eleanor Nelson, Niece 1981 Beechnut Street Charleston, NC 29414

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	07/15/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/19/2004 B. Campbell	2412512 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-19-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust Paid

Date 7-19-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of For Juanita B. Valenti 224996

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 142 Grave 10

Grave space & Care Fund	E-2243
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number	R-57810 848.20
Balance due	Ø

PAID
JUL 19 2004
MOUNT HOPE CEMETERY

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 228001 hold under deed.

Frank Valenti
Signature

FRANK VALENTI (Son)
Print Name

5610 MEREDITH AVE
Address

SAN DIEGO, CA. 92120
City Zip Code

(619) 286-2585
Telephone

Paulette

Invoice # _____

Work Order # E 18602

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats u

Printed on recycled paper

Father + Son have same name!

Pre-need Lot & Trust Paid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/19/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beate M. Goree

in a Liner ~~Top Seal Vault~~ NT Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Bl[illegible] Lot 3 Grave 11

PAID

JUL 19 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	NT ~~413~~ —
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	50 —
Flower vases – Marker setting fee	138 —
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1971.20
Paid receipt number Paid by Visa	1971.20
Balance due	Ø

I hereby certify I am the SELF of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Beate Goree
Signature

227999
BEATE M GOREE
Print Name

6840 HYDE PARK DR A
Address

SAN DIEGO 92119
City Zip Code

619 465 7377
Telephone

Nancy & Paulette

Invoice # _____

Work Order # E 18603

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upo[illegible]st.

Printed on recycled paper

Box mud lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 08/20/04 A09:40 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia Miles 228011

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MASON Section A Blk/Row _____ Lot 34 Grave 3

Grave space & Care Fund	1755.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	1755.-
Paid receipt number R57813	1755.-
Balance due	0

PAID
JUL 20 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Joan King
Print Name
X 3923 Carson St
Address
X San Diego 92117
City Zip Code
X 858 272 0162
Telephone

Invoice # _____

Work Order # E 18604

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-20-04A11:17 RCVD

Date _____

228045

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eunice Busby-Hurley

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 7/26 1:00

Church, Chapel, Graveside _____ : Rosedale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 11 Section 2 Block _____ Lot 63 Grave 8

PAID

JUL 27 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container 275 +	275 — 30.25
Handling Fees Sun 22 +	204 — 22.44
Flower vases - Marker setting fee	138.00
Recording/Filing/Transfer Fees	50 —
Sales taxes	23.44
Total Due	2137.94
Paid receipt number R-5784 / 213794	
Balance due	Ø

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

X Charles Brown
Print Name

X 988 Marjorie Dr.
Address

X San Diego 92114
City Zip Code

X (619) 464-0732
Telephone

Signature

Invoice # _____

Work Order # E 18605

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18605

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS: C

EXPIRES 11-11-08

F0604249

EUNICE LEE BUSBY MURRY
653 48TH ST
SAN DIEGO CA 92102

SEX: F HAIR: BRN EYES: BRN
HT: 5-02 WT: 132 DOB: 11-11-27

RSTR: CORR LENS

Eunice Lee Busby Murry

04/19/2004 586 48 FD/88

MT HOPE CEMETERY E 18605

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				whiteside	weber	
		Wallace	X			
		Warwood		Cooper		

Blind Check Initiated By: Pam Date: 7/20

Interment space for: Eunice Busby-Murry

Interment Date: Mon 7/26 Time: 1:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 03 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on

Agrees with Map: ☐ Yes ☐ No grave

Blind Check & Verified By: DARLEN Date: 7-23-04

E-18605

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eunice	Lee	Busby-Murry	11/11/1927	07/17/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	CHARles Brown, Son 988 Marjorie Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [illegible]	07/21/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	07/21/2004 B. Campbell	2412739 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

preneed lot paid in full

Date 7-20-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Veronica Ulloa 228056

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 155 Grave 2

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985.00
Paid receipt number R-57820	985.00
Balance due	Ø

PAID
JUL 20 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot 228056 hold under deed.

Veronica Ulloa
Signature

Veronica Ulloa
Print Name
4138 San Miguel Ave.
Address
San Diego, CA. 92113
City Zip Code
(619) 527-4387
Telephone

Paulette

Work Order # E 18606

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 7-21-04

228065

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony W. Trimble P.A. #20050044

in a DD Crypt (B) Type of Burial Container Funeral, date, time Tues 8/3 14:00

~~Church, Chapel, Graveside~~ Del only ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section — Blk/Row — Lot 17 Grave 1B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number 407208	776.23
Balance due	-0-

PAID 8/4/04 County Billed AUG 24 2004

MOUNT HOPE CEMETERY

P.A. Darnel Price 858-694-3507 " -694-3987 Fax

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette Ishigent

Print Name

Address

City Zip Code

Telephone

Invoice # 402918

Acct. # 000952

Work Order # E 18607

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18607

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anthony	Willis	Trimble	02/23/1985	07/07/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Valerie J. Harrison-Mother 5448 El Cajon Blvd. RM 112 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Crematoria Burial Chapel 5880 El Cajon Blvd., San Diego, CA 92115	FD-1357	▶ [signature]	07/27/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/03/2004 J.Benyard	▶ 2413409

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records-P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/3/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

D.I.P.
Pre-need
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/21/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Gildon & or Crawford family

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Bll. Row _____ Lot 169 Grave 8

Grave space & Care Fund ..... E-17189 owe $22.-	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	963.31
Paid receipt number R-57822	241.00
Balance due	722.31

PAID
JUL 21 2004
MOUNT HOPE CEMETERY

PAID
DEC 31 2007
Pd in full AP 26909 Visa
MOUNT HOPE CEMETERY

I hereby certify that the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Paulette Crawford
Signature

256
Paulette Crawford Gildon
Print Name

919 Elwood Ave
Address

San Diego
City Zip Code

619) 263-5970
Telephone

Invoice # _____

Work Order # E 18608

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

R-59417

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

yellow receipt

Date: Nov 18, 20 05

From: Paulette Crawford-Gibbon Address: on record

thirty-two and 00 Dollars ($ 32.-)

in part Payment of pre-need trust.

Lot 169 Grave B Row Section 2 Division Block 12

Invoice No. E-18608

Acct. No.

W.O.

BALANCE DUE $ 325.31

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust [X] Cash | | Check [X] 6062

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

NOV 18 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	32.—
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	32.—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

R-59471
E-18608

Date: Dec 6, 20 05

From: Paulette Crawford Address: on record

Seventy-One Dollars ($ 71 —)

in part Payment of Pre-need Lot + Trust

Lot 169 Grave 10 Row Section 2 Division Block 12

Invoice No. E-19308

Acct. No.

W.O.

BALANCE DUE $ 1562.78

Pre-Need Lot ✓ At Need | | On Acct | |

Pre-need Trust ✓ Cash | | Check ✓

6073

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 06 2005

MOUNT HOPE CEMETERY

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	71.	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	71.	—

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00037

Date: January 5, 20 06

From: Paulette Crawford Address: on record

Sixty-Four and 00 Dollars ($ 64.—)

in part Payment of Pre-need trust, payments 12 + 13 (No coupons)

Div 12 Sec 2 Blk/Row Lot 164 Grave 8

Invoice No. E-18608

Acct. No.

W.O.

BALANCE DUE $ 261.31

☐ Pre-Need Lot ☐ Money Order

☑ Pre-Need Trust ☐ Charge

☑ Check #3257

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN - 5 2006

MOUNT

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	64.—
Trust	77186	
TOTAL PAID		$ 64.—

AC-212 (11-05)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA
PRE-NEED PURCHASE
MOUNT HOPE CEMETERY
(619) 527-3400

P 00108

Date: 2-7 , 20 06

From: Paulette Crawford-Gilder Address: 9173 Camino Lago Vista SV CA 91977

Sixty-Four and 00 Dollars ($ 64.-)

in part Payment of Pre-need trust

Div 12 Sec 2 Blk/Row — Lot 169 Grave 8

Invoice No. E 18608

Acct. No.

W.O.

BALANCE DUE $197.31

☐ Pre-Need Lot ☐ Money Order
☑ Pre-Need Trust ☐ Charge
☑ Check

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB 06 2006

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007	
20% Sales Care	77184	
Pre-Need	63033	64. —
Trust	77186	
TOTAL PAID		$ 64. —

AC-212 (11-05)
This information is available in alternative formats upon request.

ER608 $30.10 MOS E-18608 ~~B-18608~~ A

Crawford-Gildon 9173 Camino Lago Vista Spring Valley CA 91977 (619) 470-1783

Div 12 Sec 2 Lot 169 Gr. 8

			CREDIT	DEBIT	BALANCE
7/21/04	Opened pre-need trust. Trust includes O/C $413, B/C $275, H/F $204, R&F Fee $50, Sales Tax $21.31		241.00		963.31 / 722.31
10-8-04	Visa card payment	#1 coupon		1 30 —	692.31
11-18-04	" "	#2		1 30 —	662.31
12-9-04	" "	#3		1 30 —	632.31
12/30/04	" "	#4		1 30 —	602.31
4-25-05		#5 ALL TO TRUST		1 30 —	572.31
5-28-05	" "	#6		1 30 00	542.31
7/19/05	Visa Card	#7		2 60 00	482.31
7/21	"	#8		2 60	422.31
8/19/05	"	#9		1 32 —	389.31
9/23/05	Visa Card	#10		1 32 —	357.31
10/18/05	Visa Card	#11		1 32 —	325.31
1-5-06	P-00037	#12 + 1 no coupons		2 64 —	26[illegible]
2-6-06	P-00108	#14 + 15 no Coupon		2 64 —	197.31
2-24-06	Visa	#16 No Coupons		1 31 00	166.31
5-25-06	P-00305	#17 " "		1 31 00	135.31
9-8-06	P-00481	#18 " "	CK # 6235		30 — 104.31
12-7-06	P-00612	#19 " "	CK # 4284		31 — 73.31
7-27-07	P-000836	#20 " "	VISA		31 — 42.31

7[illegible]07 bal. forwarded 42.31

12/31/07 AR026909 Visa Card 4231

PAID

DEC 31 2007

MOUNT HOPE CEMETERY

Pre-need trust

E-18608

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

12/09/04 14:30:01 [illegible]

DIV 12 Sec 2 Lot 169 8

INVOICE#

VS XXXXXXXXXXXX25363

AUTH# 934191 REF# 60502004
AVS: NO AVS REQSTED

MAIL/PHONE	$	30.00
TOTAL	$	30.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

x Paulette Crawford

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18608
Pre-need trust
for Julette Y. Crawford-
Gidon

12-2-1998

CITY OF SD-MT HOPE CEMETERY #64
3751 MARKET STREET
SAN DIEGO CA 92102-4527
619-527-5474
4301322156665644

10/08/04 10:21:28 KEYED

INVOICE#

VS XXXXXXXXXXXX25363

AUTH# 416084 REF# 57102001
AVS: NO AVS REQSTED

MAIL/PHONE $ 38.00

TOTAL $ 38.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

X office / file

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

E-18608

E-18608

CITY OF SD MT HOPE CEMETE
3761 MARKET ST
SAN DIEGO CA 92102
619-527-5474
438132215666 5644

DATE: 07/27/87 TIME: 11:31:49
MERR: 322156665644 STRR: 4301 TERR: 0002
S-A-L-E-S D-R-A-F-T

REF: 0001
BATCH: 323
CD TYPE: VISA
TR TYPE: PR

TOTAL: $31.00

ACCT: ********7472 EXP: ****
RP: 9083365
NAME: RICHARD A GILDON
CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS AND/OR SERVICES IN THE AMOUNT OF THE TOTAL SHOWN HEREON AND AGREES TO PERFORM THE OBLIGATIONS SET FORTH BY THE CARDMEMBER'S AGREEMENT WITH THE ISSUER

THANK YOU
PLEASE COME AGAIN

TOP COPY-MERCHANT BOTTOM COPY-CUSTOMER

Pre-need Trust

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-21-04PM02:44 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene DiNCa 228018

In a linol (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5339 Grave 1

Grave space & Care Fund	1205 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker set	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	2053.20
Paid receipt number R 57823	514.00
Balance due	1539.20

PAID
AUG 09 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X ELENA DiNCA
Print Name
X 4909 GUAVA Ave, #F
Address
X La Mesa, CA - 91941
City Zip Code
X (619) 667-2265
Telephone

Invoice # _____

Work Order # E 18609

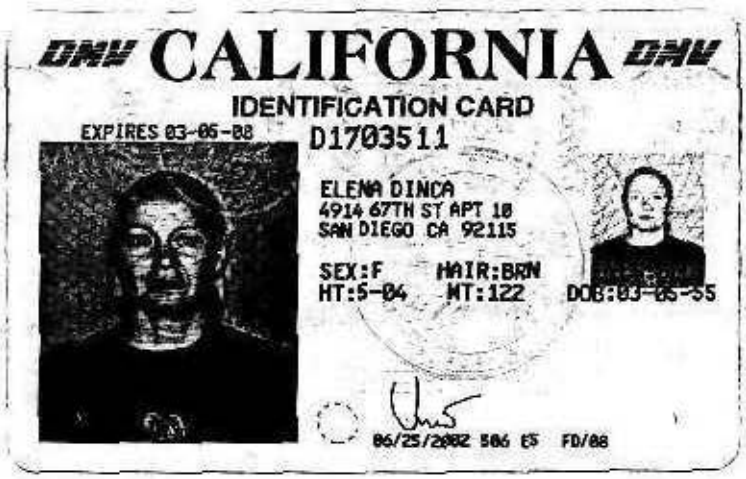
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18609



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 03-05-08 D1703511

ELENA DINCA
4914 67TH ST APT 18
SAN DIEGO CA 92115

SEX:F HAIR:BRN
HT:5-04 WT:122 DOB:03-05-55

06/25/2002 506 E5 FD/08

E-18609

DINCA, ELENA 4909 Guave ave #F LM 91941 (619)667-2265
Div 10 Lot 5339 Gr 1

		CREDIT	DEBIT	BALANCE
07-21-2004	Opened pre-need lot and trust to include open/close, liner, handeling fee, recording fee and tax w/ 25% down R-57823.	1205.00 848.20	514.00	1539.20
		to 80%	65- 1474.20	

8-9-04 R57879

PAID

AUG 0 9 2004

MOUNT HOPE CEMETERY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Peace w/ Robert

Date 7-22-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosalie Brown & 225373

in a ASH vault (Type of Burial Container) Funeral, date, time Sat 8/14 2:00

Church, Chapel, Graveside ~~Witness Outlet~~ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division IOOF Section _____ Blk/Row 22 Lot 18 Grave 6

Grave space & Care Fund	~~E-13341~~ E6970	0
Overtime/Late Arrival Fees		231
Opening/Closing & Setup	E-13341	
Burial Container		
Handling Fees		
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		0
Paid receipt number	R-57883	231
Balance due		0

PAID
AUG 10 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Daughter in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Melody McClay
Print Name
3340 Del Sol Blvd. #163
Address
San Diego Ca 92154-3459
City Zip Code
619-662-6166
Telephone

Invoice # _____

Work Order # E 18610

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11452

DEED

E-18610

OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert H. & Rosalie Brown for the sum of $ 595.00 (DOLLARS)

LEGAL DESCRIPTION Lot 18, Grave 6, Section IOOF, Block 22

AS DESCRIBED ON PURCHASE ORDER NUMBER E-6970

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat marker

George W. Stelter
Cemetery Manager

Martin Bulen
Property Director

PY-224

w/ Robert

MT HOPE CEMETERY E-18610

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Culver	Garcia		
	Campbell	Schnurr	X	Charles Brown	D. Brown	
			[illegible]			

Blind Check Initiated By: Pan Date: 8/10

Interment space for: Rosalie Brown

Interment Date: Sat 8/14 Time: 2:00

Div: IOOF Sect: ____ Blk/Row: 22 Lot: 18 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Tenstermacher Date: 8/10/04

390249

E 18610

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	ROSALIE	BROWN	05/09/1917	07/09/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MAX McCLAY - SON 3340 DEL SOL BLVD., SPACE #163 SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person acting as such	8B. DATE SIGNED
NATIONAL CREMATION SERVICES - 645 "H" STREET SUITE #J, CHULA VISTA, CA 91910	FD 1707	▶ [signature]	07/14/2004

ACKNOWLEDGEMENT OF APPLICANT — hereby acknowledge to applicant that the requested disposition stated herein is one of the dispositions contributed by Section 103060 of the Health and Safety Code, and not a prohibited disposition in Section 7102 of the Health and Safety Code.

PERMIT		9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	$13.00	NIA GOOD 07/14/2004	2412348 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (name and address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 7-16-04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS9 (REV. 3/03)

5273403

Non-Res.
At Weed
ON THE GRAVE OF
MOTHERS (SADIE WEMMERSREN)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-23-04

07-23-04A08:23 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY DUFOUR ⊗ 228055

in a ASH VAULT (Type of Burial Container) Funeral, date, time FRIDAY JULY 30th 2:50

Church, Chapel, Graveside : FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 28.00 will be applied and billed to undersigned.

Division 7 Section 11 Blk/Row Lot 274 Grave 3

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container 10'½ x 23'½	81.00
Handling Fees	88.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	395.28
Paid receipt number M/C	395.28
Balance due	Ø

PAID
JUL 23 2004
MOUNT HOPE CEMETERY

Fax 858-277-8328

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Paulette

Print Name (See Attached for Signature)

Address

City Zip Code

Telephone 858-277-0151 Cell 619 504-4511

Invoice #

Acct. #

Work Order # E 18611

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Non-Res.
At Need
ON THE GRAVE OF MOTHERS (SADIE WEMMERGREEN)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-23-04

07-23-04A08:23 PAID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY DUFOUR

in a ASH VAULT (Type of Receptacle) Funeral, date, time FRIDAY JULY 30th 2:30

Church, Chapel, (Graveside) _____ ; FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 28.00 will be applied and billed to undersigned _____

Division 7 Section 11 Blk/Row _____ Lot 274 Grave 3

Grave space & Care Fund	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	154.00
Burial Container 10'6" x 23'2"	81.00
Handling Fees	88.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	6.28
Total Due	395.28
Paid receipt number M/C	395.28
Balance due	0

PAID
JUL 23 2004
MOUNT HOPE CEMETERY

Fax 858-277-8328

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Loretta Macpherson
Signature

Paulette

Loretta Macpherson
Print name
481 Palm Ave #F
Address
Imperial Beach 91932
City Zip Code
858-277-0151
Telephone
Cell 619 504-4511

Invoice # _____

Work Order # E 18611

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18611

19

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2284-01

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Louise	Dufour	07/16/1924	07/02/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Glenn Parker, Son 1815 S. Ditmar Street Oceanside, CA 92054

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
North County Cremation Service; 635 N. Twin Oaks Valley Rd Ste 18; San Marcos, CA 92069	FD1463	▶ [signature]	07/09/200

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/12/2004 Nicole Lovell	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery; San Diego, CA 92102	11B. DATE BURIED 7/30/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Southern CA Crematory; 601D Crane Street; Lake Elsinore, CA 92530	12B. DATE CREMATED 07/12/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud
MOCK-SETUP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-27-04P01:45 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OTIS CHILDS

in a _____ (Type of Burial Container) Funeral, date, time Mon. Aug. 2 11:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

VA SECTION

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... 55.—

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fee ..... _____

Sales taxes ..... _____

Total Due ..... 55.—

Paid receipt number R57837 55.—

Balance due 0

PAID
Mock setup
JUL 27 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Dan

X LAMONT FIELDS
Print Name

X 1222 S. EUCLID
Address

X SAN DIEGO 92114
City Zip Code

(619) 264-1488
Telephone

Invoice # _____

Work Order # E 18612

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pu
Nud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-28-04A11:51 RCVD

Date _____

13417

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frank & Robert Bernick

in a ash Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 7 Grave 9

Grave space & Care Fund	E17961	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	116 x 2	232 -
Burial Container	61 x 2	122 -
Handling Fees	66 x 2	132 -
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	50 x 2	100 -
Sales taxes	473 x 2	9.46
Total Due		595.46
Paid receipt number	Visa	595.46
Balance due		0

PAID
JUL 28 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X FRANK BERNICK
Print Name

4319 53rd ST
Address

SD CA 92115
City Zip Code

619 583-8058
Telephone

Invoice # _____

Work Order # E 18613

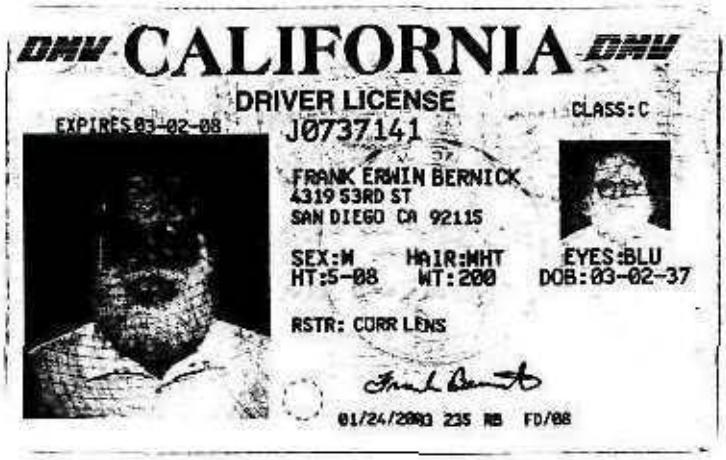
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18613



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-02-08 J0737141 CLASS:C

FRANK ERWIN BERNICK
4319 53RD ST
SAN DIEGO CA 92115

SEX:M HAIR:WHT EYES:BLU
HT:5-08 WT:200 DOB:03-02-37

RSTR: CORR LENS

01/24/2003 235 RB FD/08

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 07-30-04 AT 11:57 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin Sandoval 228000

in a OX (Type of Burial Container) Funeral, date, time Mon 8/2 10:00

Church, Chapel, Graveside ; Guadalupana Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot 350 Grave 1

Grave space & Care Fund	215 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	215 —
Burial Container	105 —
Handling Fees	55 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer	50 —
Sales taxes	8.14
Total Due	648.14
Paid receipt number R57845	648.14
Balance due	0

8/2 R57851 Imp

PAID

JUL 30 2004

MOUNT HOPE CEMETERY

Father

I hereby certify I am the X Fidel Sandoval of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam R

X Print Name

X 3045 L st. #6 Address

X SD 92102 City Zip Code

X Telephone

Invoice # _____

Work Order # E 18614

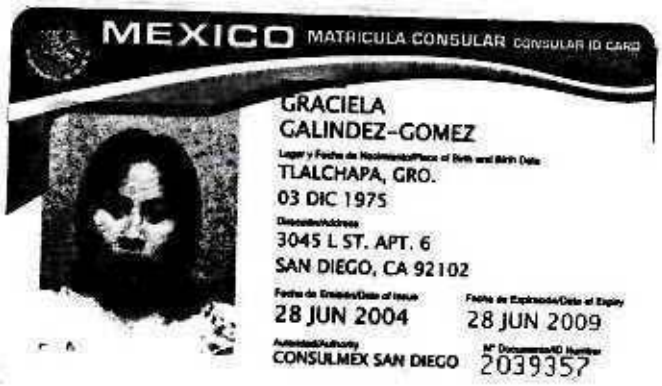
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18614



MEXICO MATRICULA CONSULAR CONSULAR ID CARD

GRACIELA
GALINDEZ-GOMEZ

Lugar y Fecha de Nacimiento/Place of Birth and Birth Date
TLALCHAPA, GRO.
03 DIC 1975

Domicilio/Address
3045 L ST. APT. 6
SAN DIEGO, CA 92102

Fecha de Emisión/Date of Issue
28 JUN 2004

Fecha de Expiración/Date of Expiry
28 JUN 2009

Autoridad/Authority
CONSULMEX SAN DIEGO

Nº Documento/ID Number
2039357

MT HOPE CEMETERY E 1864

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Richmond					
					Mayfield	
			X		1	
				Pella		Weil

Blind Check Initiated By: Dam Date: 7/30

Interment space for: Marvin Sandoval

Interment Date: Mon 8/2 Time: 10:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 350 Gr: 1

Grave Laid out by: David Noriega

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M Bustamante Date: 7/31/14

E - 18614

2 month

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARVIN	-	SANDOVAL	05/05/2004	07/28/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FIDEL SANDOVAL-FATHER 2704 K ST. SAN DIEGO,CA.92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	Selene Chavez	07/30/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	SELENE CHAVEZ 07/30/2004	2413263

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [xx] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92186-5222	11B. DATE BURIED 8-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vergie Ates 2064697

in a Linen (Type of Burial Container) Funeral, date, time Wed 8/4 11:00

Church, Chapel, Graveside _____ : Rayndale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 137 Grave 5

Grave space & Care Fund	E 3330	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 12367	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	"	0
Sales taxes	"	0
Total Due		
Paid receipt number		
Balance due		0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Print Name

X Address

X City

X Telephone

See attached

Zip Code

Invoice # _____

Work Order # E 18615

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 08-02 [illegible]

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vergie Atlo

in a Linch (Type of Burial Container) Funeral, date, time Wed 8/4 11:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 137 Grave 5

Grave space & Care Fund	E 3330	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 12367	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	"	0
Sales taxes	"	0
Total Due		
Paid receipt number		
Balance due		0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Inez S. Aldridge
Print Name

X 5650 Churchward Street
Address

X San Diego, CA 92114
City Zip Code

X 262-7146
Telephone

Invoice # _____

Work Order # E 18615

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

DIP w/ Sidney

MT HOPE CEMETERY E-18615

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Jackson	March			
		Hooks	X	Grimes	Henry	[illegible]
		Hall			Leakes	

Blind Check Initiated By: Pam Date: 8/2

Interment space for: Vergie Ates

Interment Date: Wed 8/4 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 137 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [illegible] Date: 8/2/04

E-18615

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vergie	Mae	Ates	09/03/1915	07/29/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Inez Aldridge, Niece 5650 Churchward Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	08/02/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	08/03/2004 B. Campbell	2413442 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8/4/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

In grave w/ Kate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Heiny 22867

in a ASH VAULT (Type of Burial Container) Funeral, date, time Wed 8/4 AYD

Church, Chapel, Graveside _____ ; Pacific Beach Mortuary. 760) 788-7335

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 7 Section 6 Blk/Row 2 Lot 49 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-57853	297.73
Balance due	Ø

PAID
AUG 0 2 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City

Zip Code

Telephone

Signature attached

Invoice # _____

Work Order # E 18616

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

w/ Kate

MT HOPE CEMETERY E-18616

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Robinson			
	Rinks	Smith	X	Bishop		
		Ryall	Lusk	Hodges		

Blind Check Initiated By: Pam Date: 8/2

Interment space for: Lucille Heiny ⊗

Interment Date: Wed 8/4 Time: AYD

Div: 7 Sect: 6 Blk/Row: 2 Lot: 49 Gr: 1

Grave Laid out by: Eagles

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

8062 E-18616 AAW 865

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LUCILE	KATHERINE	[illegible]	05/28/1912	06/28/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAY HEINY - SON PO BOX 64 WALNUT IA 51577

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
RCM PACIFIC BEACH CHAPEL 4710 CASS ST SAN DIEGO CA 92109	FD015	[signature]	07/02/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	07/02/2004 K. JORDAN	2411697

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS... PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL ✓	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8.5.04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION ✓	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 7/6/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

8/2/04 -
Please sign, date and mail back to Mt. Hope. Thanks
Paulette

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lucille Heiny

In a ASH VAULT (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; Pacific Beach Mortuary. 760) 788-7335

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 7 Section 6 Blk/Row 2 Lot 49 Grave 1

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R-57853	297.73
Balance due	Ø

PAID
AUG 0 2 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Diane J Peters
Print Name
1672 Main St #E142
Address
Ramona CA 92065
City Zip Code
760-788-7335
Telephone

Invoice #

Work Order # E 18616

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 08-02-04 A11:54 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Chapman 228077

in a liner (Type of Burial Container) Funeral, date, time Wed 8/4 1130

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 59 Grave 10

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number	MC 500 / Visa 500
Balance due	833.20
	R 57854 833.20

PAID

AUG 0 2 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Spouse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and ~~[illegible]~~ that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Brenda Chapman
Print Name

X 7010 Springford Ave
Address

X San Diego, CA 92114
City Zip Code

X 619-527-5068
Telephone

Work Order # E 18617

Invoice # _____

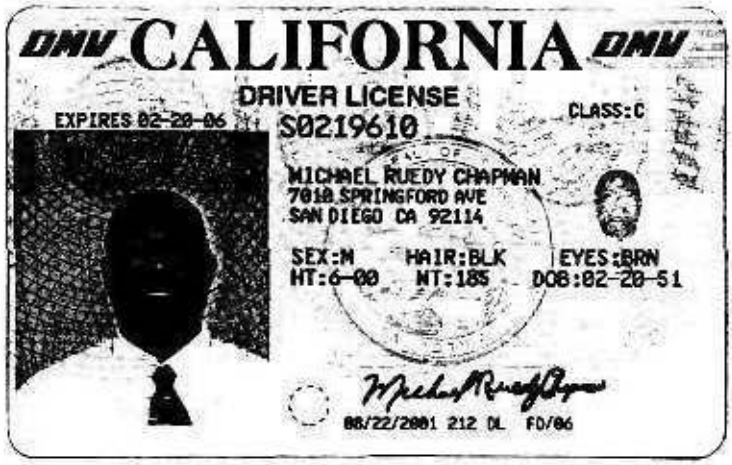
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18617



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 02-20-06

S0219610

CLASS:C

MICHAEL RUEDY CHAPMAN
7010 SPRINGFORD AVE
SAN DIEGO CA 92114

SEX:M HAIR:BLK EYES:BRN
HT:6-00 WT:185 DOB:02-20-51

08/22/2001 212 DL FD/06

MT HOPE CEMETERY E 18617

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Grover			
			X			
		Wilson				

Blind Check Initiated By: Pam Date: 8/2

Interment space for: Michael Chapman

Interment Date: Wed 8/4 Time: 1130

Div: 12 Sect: 1 Blk/Row: ____ Lot: 59 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/2

E-18617

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	R	CHAPMAN	02/20/1951	07/28/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	BRENDA D. CHAPMAN-WIFE 7010 SPRINGFORD AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92154	FD-1357	▶ [signature]	08/02/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/03/2004 V MITCHELL	▶ 2413413

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS p.o. BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8/4/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

IN Grave of Roberto Uribe

City of San Diego

08-02-04P12:22 Date 8-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARMEN URIBE 228085

in a D.D. CRYPT (B) (Type of Burial Container) Funeral, date, time AUG. 5th Thurs. 10:00

Church, Chapel, Graveside ; FEATHERGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2269 Grave 1

Grave space & Care Fund	B-14519
Overtime/Late Arrival Fees	PC
Opening/Closing & Setup	~~B-14519~~ 549.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.00
Sales taxes	
Total Due	615.00
Paid receipt number R-57855	615.00
Balance due	Ø

PAID

AUG 0 2 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I held under deed.

Signature

Myrna U. Medina
Print Name

2365 Spring Oak Way
Address

San Diego, CA - 92139
City Zip Code

(619) 475-0437
Telephone

Invoice # _____

Work Order # E 18618

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18618

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Sutta	Vincelett	Dagley		
			X	Morgan		

Blind Check Initiated By: Nancy T Date: 8/3/04

Interment space for: Carmen Uribe

Interment Date: 8/5/04 Time: 10:00 am

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2269 Gr: 1

2nd Burial

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on Grav

Blind Check & Verified By: David Noriega Date: 8-5-04

E 18618

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carmen	Ypina	Uribe	01/31/1935	08/01/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Myrna U. Medina (Daughter) 2365 Spring Oak Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary: 6322 El Cajon blvd. San Diego, CA 92115	FD-1083	▶ M. Domingo	08/03/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/03/2004 M. Dominguez	2413436 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Nash

in a linen (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division _____ Section _____ Blk/Row _____ Lot _____ Grave _____

Grave space & Care Fund	B10 —
Overtime/Late Arrival Fee	PH 549 —
Opening/Closing & Setup	549 PH 278 —
Burial Container	278 —
Handling Fee	213 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer fees	16 —
Sales taxes	21.54
Total Due	
Paid receipt number	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 18619

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Mud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 2004 AUG 5 20 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty Nash 228087

in a liner (Type of Burial Container) Funeral, date, time Thurs 8/5 2:30

~~Church, Chapel, Graveside~~ Belonly SD Memorial ~~Mortuary~~

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 77 Grave 7

Grave space & Care Fund	1310
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549
Burial Container	278
Handling Fees	213
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	16
Sales taxes	21.54
Total Due	2437.54
Paid receipt number	R 57865 2437.54
Balance due	0

PAID

AUG 0 4 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 pay

I hereby authorize the interment in lot I hold under deed.

Signature Pam

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 18620

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Best Friend Christine 760-630-7436

MT HOPE CEMETERY E-18620

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Thomas			Bustamante	
		X				
					Ludwick	

Blind Check Initiated By: Pam Date: 8/3

Interment space for: Betty Nash

Interment Date: _____ Time: _____

Div: 12 Sect: 1 Blk/Row: ____ Lot: 77 Gr: 7

Grave Laid out by: _____

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

flag on grave

Blind Check & Verified By: _____ Date: _____

E-18620 79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **FD**

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETTY	MAXINE	NASH	09/24/1924	07/28/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
VISTA	SAN DIEGO	EUGENE A. NASH-SON 620 FLORA DR. NEW LEXINGTON, OH 43764

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	Joseph Lemon Jr.	08/04/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/04/2004 J. LEMON JR.	2413512

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY ST. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-5-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kevin F. Lemon	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego 08-03-04 12:26 RCVD

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Scott Nalian 228068

in a TS (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 480 + 481 Grave 1

PAID

AUG 0 3 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	2x 1095 -	2190 -
Overtime/Late Arrival Fees		
Opening/Closing & Setup		443 -
Burial Container	275 + 27.50	302.50
Handling Fees	204 + 22	226 -
Flower vases / Marker setting fee	free	~~138.94~~
Recording/Filing/Transfer Fees		50 -
Sales taxes	21.31 + 2.13	~~23.44~~
Total Due		3284.94
Paid receipt number R 57859		3284.94
Balance due		0

Note

R

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X SCOTT NALIAN (Print Name)

X 4544 LA CUENTA DR (Address)

X SAN DIEGO CA 92124 (City, Zip Code)

X 858-576-0033 (Telephone)

Invoice # _____

Work Order # E 18621

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18621

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 05-24-08

C2689631

CLASS:C

SCOTT HAMPARSOUM NALLIA
4544 LA CUENTA DR
SAN DIEGO CA 92124

SEX:M HAIR:BRN EYES:BLU
HT:5-07 WT:150 DOB:05-24-57

RSTR: CORR LENS

04/23/2003 235 RB FD/08

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
08-03-04P12:45 RCVD
Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeff Harris 227949

in a liner (Type of Burial Container) Funeral, date, time Thurs 8/5 10:30

Church, Chapel, Graveside _____ SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 241 Grave 4

Grave space & Care Fund ..... E18579 -0-

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... -0-

Burial Container ..... -0-

Handling Fees ..... -0-

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... -0-

Sales taxes ..... -0-

Total Due ..... _____

Paid receipt number _____

Balance due -0-

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X
Print Name
X
Address
X See attached
City Zip Code
X
Telephone

Invoice # _____

Work Order # E 18622

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego
08-03-04P12:45 RCVD
Date

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeffrey Harris

in a Lined Type of Burial Container Funeral, date, time Thurs 8/5 10:30

Church Chapel, Graveside SD Memorial Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

Division 12 Section 2 Blk/Row _____ Lot 241 Grave 4

Grave space & Care Fund	E18579 0
Overtime/Late Arrival Fees	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	0
Sales taxes	0
Total Due	
Paid receipt number	
Balance due	0

I hereby certify I am the X mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Velma M. Coleman
Signature

Pam

X VELMA COLEMAN
First Name
X 4464 Lace Pl.
Address
X San Diego Ca. 92102
City Zip Code
X 264-8523
Telephone

Invoice # _____

Work Order # E 18622

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18622

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

						McBride
Wraven			X			
	Williams	Lewis		Nesby	Jones	

Blind Check Initiated By: Pam Date: 8/3

Interment space for: Jeff Harris

Interment Date: Thurs 8/5 Time: 10:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 241 Gr: 4

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-2-04

E-18622

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jeffery	D.	Harris	01/18/1961	07/30/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chino	San Bernardino	Velma M. Coleman - Mother 4964 Lace Place San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Ave. San Diego, CA 92104	FD-1575	▶ Joseph Kenny	08/03/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/03/2004	▶ Eric Frykman, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
351 N. Mt. View Ave San Bernardino, CA 92415-0010	P.O. Box 85222 San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8 5 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Rt
rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 5, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elvira Jackson 228089

in a liner (Type of Burial Container) Funeral, date, time Fri 8/6 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 119 Grave 10

Grave space & Care Fund	1310 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549 —
Burial Container	278 —
Handling Fees	213 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 —
Sales taxes	21.54
Total Due	2437.54
Paid receipt number R57866	1437.20
Balance due R57867	1000.34
	300.—
	700.34
	M/C 500.34
	200.—

PAID

AUG 05 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Grandaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Kizzie Mapp-Lam
Print Name

X 11173 Kelowna Rd. #36
Address

X San Diego, CA 92126
City Zip Code

X (858) 578-8217
Telephone

Invoice # _____

Work Order # E 18623

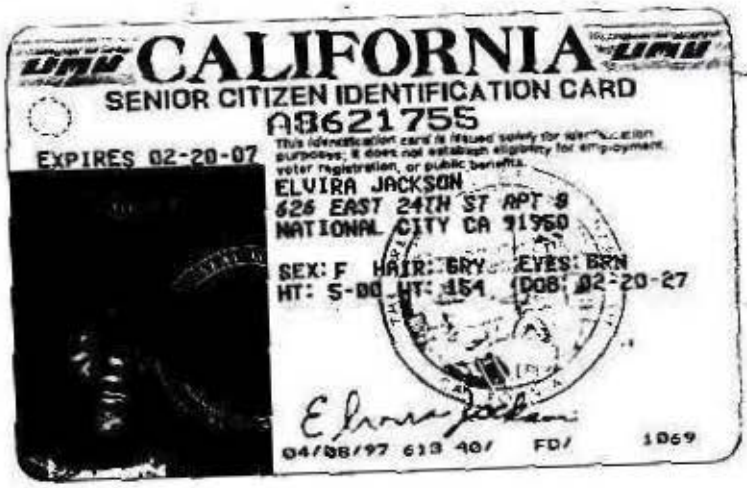
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18623



CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

A8621755

This identification card is issued solely for identification purposes; it does not establish eligibility for employment, voter registration, or public benefits.

EXPIRES 02-20-07

ELVIRA JACKSON
626 EAST 24TH ST APT 8
NATIONAL CITY CA 91950

SEX: F HAIR: GRY EYES: BRN
HT: 5-00 WT: 154 DOB: 02-20-27

04/08/97 613 40/ FD/ 1069

MT HOPE CEMETERY E-18623

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			5	1 Holmes		
			10 X	7	Johnson	
				Bradley		

Blind Check Initiated By: Pam Date: 8/4

Interment space for: Elvira Jackson

Interment Date: Fri 8/6 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 119 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on grave

Blind Check & Verified By: David Noriega Date: 8-5-04

E-18623

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elvira	-	Jackson	02/20/1927	07/30/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Regina Jackson, Daughter 245 Woodlawn Avenue #D6 Chula Vista, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ [signature]	08/02/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/03/2004 B. Campbell	2413386 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-6-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 5, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jorge Martinez 228091

in a DD Crypt 1st (Type of Burial Container) Funeral, date, time Mon 8/9 11:00

Church, Chapel, Graveside ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 159 Grave 9

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	418 –
Handling Fees	352 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	32.40
Total Due	2250.40
Paid receipt number Visa	2250.40
Balance due	0

PAID

AUG 05 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Leo Martinez P.
Print Name

X 3620 Gavle St.
Address

X San Diego CA 92115
City Zip Code

X 619-229-8568
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18624

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18624

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	1					
	McCray		X		Barber	
	Edwards		free			

Blind Check Initiated By: Pam Date: 8/5

Interment space for: Jorge Martinez

Interment Date: Mon 8/9 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 159 Gr: 9

Grave Laid out by: NORMAN FERGUSON

Agrees with Legal Card: ☑ Yes ☐ No Flag on Grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: 8/6/09

E-18624

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JORGE	A.	MARTINEZ	10/03/1983	08/03/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LEO MARTINEZ PERALTA-FATHER 3620 GAYLE ST. SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	08/06/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/06/2004 J.BENYARD	▶ 2413661

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 6, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Johnson Jr. pin 227731

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 140 Grave 6 & 9

Grave space & Care Fund ..... 2 x 1310 — 2620 —

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container 1-24-06

Handling Fees ..... 6 overdue to collection

Flower vases – Marker setting fee ..... acc# 128881

Recording/Filing/Transfer Fees ..... invoice # 435626

Sales taxes ..... _____

pd in full 10-2-2007 $1892.00

Total Due ..... 2620 —

Paid receipt number 57880 654 —

Balance due 1966 —

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

CHARLES J. JOHNSON JR.
Print Name

6580 LA JOLLA BLVD. #352
Address

LA JOLLA CA 92037
City Zip Code

(619) 686-9128
Telephone

Work Order # E 18625

Invoice # 128881

Acct. # 435626

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

7005 1820 0000 0810 3991

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

E-18625

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

E 18625

SENDER:

- ☐ Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- ☐ Print your name and address on the reverse of this form so that we can return this card to you.
- ☐ Attach this form to the front of the mailpiece, or on the back if space does not permit.
- ☐ Write *"Return Receipt Requested"* on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

3. Article Addressed to:

Charles Johnson
5580 La Jolla Blvd #352
La Jolla, CA 92037

4a. Article Number

4b. Service Type

☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

12-16-5

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature *(Addressee or Agent)*

Dale Walter

PS Form 3811, December 1994 102595-99-B-0223 Domestic Return Receipt

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

THE CITY OF SAN DIEGO

E-18625

12/14/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0810 3991

Charles Johnson
5580 La Jolla Blvd # 352
La Jolla, CA 92037

Reference: Delinquent Pre-Need Account

Dear Mr. Johnson,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since March 2005. Your contract specified that your first payment of $81.92 was due September 2004, and every month thereafter. To bring your account to a current status, you need to pay **$737.28, and monthly payments of $81.92 to stay current.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by January 3, 2006, your account will be referred to our collection department. We hope the above action is not necessary. If you have any questions, please contact Mt. Hope Cemetery at (619) 527-3400.

Your original receipt contains the following contract information: Contract number E-18625, issued August 2004. Cemetery location: Division 12, Section 2, Lot 140, Grave 6 & 9.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58603

Date: 3-8-05, 20

From: Charles Johnson Address: 5580 La Jolla Blvd

Dollars ($ 574.00)

in Part Payment of Pre-Need Payments Coupons 1,2,3,4,5,6,7 thru Sept March 2005

Div 12 Sec 2 Blk/Row Lot 140 Grave 649

Invoice No. E-18625

Acct. No.

W.O.

BALANCE DUE $4,392.00

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check | |

94248559 9

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	574	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	574	00

ACR02U PSWD: INVOICE DATA ENTRY E-18625 PG 1

ACTION: A BY: SSB ACCOUNT: 128881 INVOICE: 435626 INV DATE: 01 24 06

NAME: CHARLES JOHNSON JR.

1) 5580 LA JOLLA BLVD. # 352 2) LA JOLLA CA 92037

3) 4)

CITY: LA JOLLA ST: CA ZIP: 92037 COUNTRY: 6195497046

DEPT: 072 CONTACT: MT HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-18625 DAYS DUE: 010 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 1,392.00

DESCRIPTION OF CHARGE	AMOUNT
PRE-NEED LOT	1,392.00
DIVISION 12 SECTION 2	
LOT 140 GRAVES 6 & 9	

TOTAL DUE 1,392.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

ACR02U

INVOICE DATA ENTRY

E-18625

ACTION	BY	ACCOUNT	INVOICE	INVOICE TOTAL
A	SSB	128881	435626	1,392.00

ACT	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
	63033			77186					1,392.00

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

1274

E-18625

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this ____ day of August, 19 2004 between Charles Johnson, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 140, Grave 6-9, Row —, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $2600—, payable as follows: $1054— cash herewith, the receipt of which is hereby acknowledged; $1054— on the ____ day of August, 19 2004 and the balance in installments of $182— or more payable at the office of Mt. Hope Cemetery, on the 3rd day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

8247
574

E-18625

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E-18625

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

23 @ $83.00

1 @ 80.00

PURCHASER

X CHARLES J. JOHNSON JR.
Print Name

X C. Johnson
Signature

X 5580 LA JOLLA BLVD. #352
Street Address (Mail)

X LA JOLLA CA 92037
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Pam Hetzel

E-18625

SLW:st(62-1)
1-23-90

pin 227731 (contract ends Aug 2006) Due 6th each month #352 monthly -$81.92 Final -$21.84 E-18625

JOHNSON, CHARLES JR. 5580 La Jolla Blvd LJ 92037 (619)686-9128

		DEBIT	CREDIT	BALANCE
08-06-2004	Opened pre-need Lot only w/ 25% down			
	Div 12 Sec 2 Lot 140 Gr 6 & 9	2620.00		
	R-57880		654.00	1966.00
3-8 05	R 58603 Coupons 1, 2, 3, 4, 5, 6, 7 Sept thru March 05 (Sept, Oct, Nov, Dec 04, Jan, Feb, Mar 05 2004)		574 00	1392.00
12-14-05	mailed Cert delinquent letter			

1-24-06
forward to collections
acc # 128881
invoice # 435626

Family must pay full amount
to Collections / Family defaulted on contract

Pre Recd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 6, 04

pin# 227731

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Johnson Jr. PIN 227731

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 14 Grave 11

Grave space & Care Fund	1310 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	1-24-06
Handling Fees	forward to collections
Flower vases – Marker setting fee	acc # 128881
Recording/Filing/Transfer Fees	invoice # 435627
Sales taxes	
Total Due	1310 —
Paid receipt number 57880	327 —
Balance due	983 —

Paid in full 2-12-07 Deed mailed See attached

$696.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X CHARLES J. JOHNSON JR.
Print Name

X 5580 LA JOLLA BLVD #352
Address

X LA JOLLA CA 92037
City Zip Code

X (619) 686-9128
Telephone

Invoice # 128881

Acct. # 435627

Work Order # E 18626

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E18626

ACR02U PSWD: INVOICE DATA ENTRY PG 1

ACTION: A BY: SSB ACCOUNT: 128881 INVOICE: 435627 INV DATE: 01 24 06

NAME: CHARLES JOHNSON JR.

1) 5580 LA JOLLA BLVD. # 352 2) LA JOLLA CA 92037

3) 4)

CITY: LA JOLLA ST: CA ZIP: 92037 COUNTRY: 6195497046

DEPT: 072 CONTACT: MT HOPE CEMETERY PHONE: 619 527 3400

REFER NO: E-18626 DAYS DUE: 010 INV TYPE: GE TYPE CHG: __ NOTICES: Y

TREAS-REF: Y ENCLOSURES: N PD COVERED: R EXCEPT CODE: _ ACCRUAL CODE: _

TIME PAYM CODE: _ STD DESC CODE: ___ INVOICE TOTAL: 696.00

DESCRIPTION OF CHARGE	AMOUNT
PRE-NEED LOT	696.00
DIVISION 12 SECTION 2	
LOT 141 GR 11	

TOTAL DUE 696.00

LATE CHARGE #1 - DAYS DUE: ___ AMOUNT: _____ AND/OR PCT CODE: __

#2 ___ _____ __

THE INVOICE HAS BEEN ADDED. HIT PA1 AND ADD THE ACCOUNTING DATA.

ACR02U INVOICE DATA ENTRY E-18626 PG 2

ACTION	BY	ACCOUNT	INVOICE	INVOICE TOTAL
A	SSB	128881	435627	696.00

ACT	FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT
_	63033			77186					696.00

ADD COMPLETE. HIT PA1 FOR A NEW REQUEST.

pin 227731 (contract expires august 2006), monthly #40.96 Final #40.92 E-18626

Two year contract
payment due 6th each month

JOHNSON, CHARLES JR. 5580 La Jolla Blvd #352 LJ 92037 (619)686-9128

		DEBIT	CREDIT	BALANCE
08-06-2004	Opened pre-need lot w/ 25% down			
	Div 12 Sec 2 Lot 141 Gr 11	1310.00		
	R-57880		327.00	983.00
3-8-05	M/O 982326809 R-58603 coupons 1,2,3,4,5,6,7 Sept thru March 05		287.00	696.00
12-14-05	mailed Certified delinquent letter			

1-24-06
forward to collections
acc# 128881
invoice # 435627

Family must pay in full amount
to collections / family defaulted on contract

7005 1820 0000 0811 1538

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

E-18626

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To

Street, Apt. No.; or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

E18626

UNITED STATES POSTAL SERVICE

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

MT. Hope Cemetery
3751 Market Street
San Diego, CA. 92102-4527

C015

E-18626

THE CITY OF SAN DIEGO

12/14/2005

CERTIFIED MAIL
RECEIPT NO. 7005 1820 0000 0811 1538

Charles Johnson
5580 La Jolla Blvd # 352
La Jolla, Ca. 92037

Reference: Delinquent Pre-Need Account

Dear Mr. Johnson,

The current status of your Pre-Need account is delinquent. Our records indicate that no payment has been received since March 2005. Your contract specified that your first payment of $40.96 was due September 2004, and every month thereafter. To bring your account to a current status, you need to pay **$368.64.And monthly payments of $40.96 to stay current.** Payment must be made by check, money order, cashier's check or credit card.

If the amount is not received by January 3, 2006, your account will be referred to our collection department. We hope the above action is not necessary. If you have any questions, please contact Mt. Hope Cemetery at (619) 527-3400.

Your original receipt contains the following contract information: Contract number E-18626, issued August 2004. Cemetery location: Division 12, Section 2, Lot 141, Grave 11.

Sincerely,

David Lugo
Cemetery Manager

Attachments:

Interment Order
Contract Entry Verification

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3493

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58602

Date: 3-8-05, 20 05

From: Charles Johnson J/Address: 5580 La Jolla Blvd #352 LJ 92037

Dollars ($ 287.00)

in Part Payment of Pre-need Payment coupons 1,2,3,4,5,6,7 Sept thru March 2005

Div 12 Sec 2 Blk/Row ____ Lot 141 Grave 11

Invoice No. E-18626

Acct. No.

W.O.

BALANCE DUE $696.00

Pre-Need Lot | | At Need | | On Acct | |

Pre-need Trust | | Cash | | Check ✓

982326809

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR - 8 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	287	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	287	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E-18626

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AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this ____ day of August, 2004 between Charlie Johnson, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 141, Grave 11, Row ___, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1310 —, payable as follows: $327 — cash herewith, the receipt of which is hereby acknowledged; $327 — on the ____ day of August, 2004, and the balance in installments of $41.00 or more, payable at the office of Mt. Hope Cemetery, on the 3rd day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

41—
287

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E 18626

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E-18626

WITNESS our hands this day and year above written.

Deed to be issued to:

Name

Address

23 @ $41.00
1 @ $40.00

PURCHASER

X CHARLES J. JOHNSON JR.
Print Name

X C. Johnson
Signature

X 5580 LA JOLLA BLVD. #352
Street Address (Mail)

X LA JOLLA CA 92037
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Pam Hetzel

SLW:st(62-1)
1-23-90

Pin 22 1731 (contract Expires august 2006) monthly $40.96 Final $40.92

Two year contract

payment due 6th each month

Paid

E-18626

JOHNSON, CHARLES JR. 5580 La Jolla Blvd #352 LJ 92037 (619)686-9128

		DEBIT	CREDIT	BALANCE
08-06-2004	Opened pre-need lot w/ 25% down Div 12 Sec 2 Lot 141 Gr 11 R-57880	1310.00	327.00	983.00
3-8-05	M/O 982326809 R-58602 coupons 1,2,3,4,5,6,7 2004 Sept thru March 05		287.00	696.00
12-14-05	mailed cut delinquent letter family must pay $409.60 to avoid collections			
2/15/07	Paid see attachment		696.00	0

R-59972
$836.72
2/12/07

1-24-06
forward to collections
acc# 128881
invoice # 435627

Family must pay in full amount
to collections / family defaulted on contract

E-18626

Office of the City Treasurer | City of San Diego

1-24-06

Refer Family To Collections (Due Date 2-3-06)

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m. Need To pay In Full

Delinquent Bills - Debts ACCT: 128881

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

1-24-06
Family must pay Full amount on All 3 accounts per Maria to collections

ACR05I CUSTOMER ACCOUNT-OPEN & PAID INVOICES E-18626 PG 1
ACTION: L ACCOUNT: 128881
NAME: CHARLES JOHNSON JR. SHORT NAME: CHARLES

BILL DEPT	INV TYP	INV NO	INV DATE	DUE DATE	AMOUNT	STAT CODE	PART PAYMT AMOUNT	*LAST PAYMENT* APPL DATE	RECD DATE
072	GE	435621	012406	020306	183.00	P	183.00	021607	021507
072	GE	435626	012406	020306	1,392.00				
072	GE	435627	012406	020306	696.00	P	696.00	021607	021507

REQUEST COMPLETED

E-18626

THE CITY OF SAN DIEGO

MOUNT HOPE CEMETERY
CERTIFICATE OF INTERMENT RIGHTS

CONTRACT/CERTIFICATE NO: E-18626 DATE: 3/21/2007

That the undersigned, City of San Diego, Mount Hope Cemetery, in consideration of payment of the full purchase price, receipt of which is hereby acknowledged, does hereby grant and convey unto: Charles Johnson JR. and their heirs

as Grantee, for interment purposes only, subject to conditions, reservations, restrictions and Rules and Regulations set forth herein, the following interment rights for the Purchase Price of $1,310.00 situated in Mount Hope Cemetery described as:

DIVISION: 12 SECTION: 2 BLOCK / ROW: LOT: 141 GRAVE(s): 11
according to the map of Mount Hope Cemetery located in the office of Mount Hope Cemetery.

That this conveyance, and all right, title and interest hereby conveyed in the interment rights above described, is subject to all governing laws and ordinances, and to the following conditions, reservations and restrictions. By acceptance hereof, the Grantee covenants and agrees that:

(a) No transfer, conveyance or assignment of any interest or rights acquired by Grantee shall be valid without the written consent of Mount Hope Cemetery and being thereafter recorded on its books.

(b) No inscription, alteration or ornamentation, monument or other memorial, tree, plant, objects or embellishments of any kind shall be placed upon, altered or removed from any property associated with the above-described interment rights by the Grantee without the written consent of Mount Hope Cemetery. All grading, landscape work and improvements of any kind, and all care of any property associated with the above-described interment rights, shall be done, all trees and plants of any kind shall be planted, trimmed or removed, and all interment's, disinterment's and removals shall be made only by Mount Hope Cemetery. All interments shall be made subject to the use of the type of outer burial container as shall be designated by Mount Hope Cemetery in its Rules and Regulations.

(c) Mount Hope Cemetery, at the expense of Grantee and as a charge against the above-described interment rights, may repair or remove any monument or other memorial which is improper or offensive or which has become dangerous, and may remove any tree, flower or plant, or other object or embellishment that becomes unsightly or dangerous.

(d) Mount Hope Cemetery shall not be liable for loss or damage caused by an act of God, common enemy, thieves, vandals, strikers, malicious mischief makers, unavoidable accidents, riots or order of military or civil authority, or other acts or events beyond Mount Hope Cemetery's control.

(e) The enumeration herein of certain conditions, reservations and restrictions shall not be considered as the only limitations, but the Grantee's interest and rights shall be limited by and subject to the Rules and Regulations of Mount Hope Cemetery now existing or which may be by it hereafter adopted either by amendment, alteration or the adoption of new Rules and Regulations. These Rules and Regulations are on file for inspection at Mount Hope Cemetery's office and are specifically referred to and herein incorporated as if set forth in full.

(f) Mount Hope Cemetery agrees to provide endowment care as required by applicable law and defined in its Rules and Regulations, without further charge.

(g) In the event this certification is issued prior to the time the property associated with the within-described interment rights has been developed, Mount Hope Cemetery may, with the consent of Grantee, and at no increase in price, permanently transfer Grantee's interment rights to reasonably comparable developed interment property, or temporarily transfer such rights to reasonably comparable interment property, until such time as construction is completed.

All the above conditions, reservations and restrictions are binding upon Grantee, and Grantee's heirs, devisees, executors, administrators and assigns, and are enforceable only by Mount Hope Cemetery or its successors in interest. Nothing herein contained shall be deemed to restrict the use of any portion of the cemetery other than herein conveyed to Grantee. Grantee hereby acknowledges receipt of these conditions and agrees to the terms.

IN WITNESS WHEREOF, Mount Hope Cemetery has caused this instrument to be executed in its name by its duly authorized representatives this 21st day of March, 2007.

Signature / Date

Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

ACR04I. CUSTOMER INQUIRY E-18626

ACTION: L ACCOUNT: 128881

NAME: CHARLES JOHNSON JR. SHORT NAME: CHARLES

ADDRESS: 5580 LA JOLLA BLVD. # 352
LA JOLLA CA 92037

CITY: LA JOLLA ST: CA ZIP: 92037 COUNTRY: 6195497046

CUSTOMER CONTACT: MT. HOPE CEMETERY PHONE: 619 527 3400

LAST UPDATE: 01/23/06 ORIG DEPT: 072 UPD BY: SSB

**** ACCOUNT HISTORY ****

OUTSTANDING INVOICES: 003

LAST BILLED : 01/24/06

LAST PAYMENT-DATE :

INV NO :

AMOUNT :

YTD BILLINGS : 2,271.00

RECEIVED :

WRITTEN OFF :

LT CHGS BILLED :

LT CHGS PAID :

RENT CR GRANTED :

RENT CR APPLIED :

REQUEST COMPLETED

**** OUTSTANDING BALANCE ****

TOTAL DUE: 2,271.00

PAST DUE: 2,271.00

CR MEMO BAL:

**** AGING ****

CURRENT: %

PAST DUE

1-30 : %

31-60 : %

61-90 : %

91-120:

OVER 120: 2,271.00 100.0

Cust. contacted on 12/5/06, left Msg. stating that if office not contacted by 12/7/06, per our contract, plots would be released for others to purchase. David Lugz Called 1/17/07 - Do not release plots until 2/28/07 - he is going to try to pay in full.

As of: 12/20/06
$ 2,735.51
ACCT. 3232318
Interest accrues daily. 74¢
1/4/2007 - No change

E-18625

Office of the City Treasurer | City of San Diego

Refer Family To Collections

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

•The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

E-18625

Office of the City Treasurer | City of San Diego

Refer Family To Collections

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

- The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.

1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

at need

Paulette

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/6/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Phyllis Murphy

in a Liner Funeral, date, time Thurs 8/12 11:00

Type of Burial Container

Church, Chapel, Graveside ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Janette

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 81 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20

Paid receipt number

Balance due

MORT. TO PAY

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice #

Work Order # E 18627

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18626

Office of the City Treasurer | City of San Diego

Refer Family To Collections

Business hours: Monday through Friday, 8:00 a.m. to 5:00 p.m.

Delinquent Bills - Debts

The Collection Division is responsible for the collection of all delinquent monies owed to the City of San Diego.
1010 Second Avenue, 6th Floor West Tower
San Diego, CA 92101
(619) 744-3100
Fax: (619) 533-3840
E-mail: collections@sandiego.gov

Pf
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 9, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Binca 228018

In a liner (Type of Burial Container) Funeral, date, time Tues 8/10 11:00

Church, Chapel, Graveside ; Aztlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5339 Grave 1

Grave space & Care Fund	1026 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	209 —
Handling Fees	160 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1474.20
Paid receipt number R57879	1474.20
Balance due	0

PAID
AUG 09 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X ANA BINCA
Print Name
X 4909 GUAVA AV. #F
Address
City LA MESA Zip Code 91941
Telephone

Invoice # _____

Work Order # E 18628

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY E-18628 57882

(619) 527-3400

Date: Aug 10, 20 04

From: Elena Dincer Address: 4914 67th st #40 80 92115

Dollars ($ 64 00

in full Payment of pre need to at need

Div 10 Sec Blk/Row Lot 5339 Grave 1

Invoice No. E18609

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ✓ At Need ✓ On Acct

Pre-need Trust ✓ Cash Check ✓ 2077

NOT VALID FOR PURPOSES STATED UNLESS STAMPED PAID IN THIS SPACE.

PAID

AUG 10 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hebel

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	64 —
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	64 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

MT HOPE CEMETERY E-18628

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Normans				
	Todd	wright	x	Gilmore		
		Koike	Hanaguchi		Dato	

Blind Check Initiated By: Pam Date: 8/9

Interment space for: Eugene Dinca

Interment Date: Tues 8/10 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5339 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-9-04

E-18628

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eugen	-	Dinca	04/08/1950	08/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Elena Dinca - Wife 4909 Guava Avenue, Apt. F La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary 7856 La Mesa Blvd., La Mesa, CA 91941	FD-1658	Leah O Mata	08/09/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 08/09/2004	▶ 2413740

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 8-10-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Darrell L. Fimbr	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Handal 208356

in a TS (Type of Burial Container) Funeral, date, time Wed 8/11 10:00

Church, Chapel, Graveside Goodbody Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2391 Grave 1

Grave space & Care Fund	E 14876	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413 —
Burial Container		275 —
Handling Fees		204 —
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50 —
Sales taxes		21.31
Total Due		963.31
Paid receipt number	M/C	963.31
Balance due		0

PAID

AUG 0 9 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X ANTON HANDAL
Print Name

X 425 Tyrone St
Address

X El Cajon CA 92020
City Zip Code

X 619/579-6200
Telephone

Invoice # _____

Acct. # _____

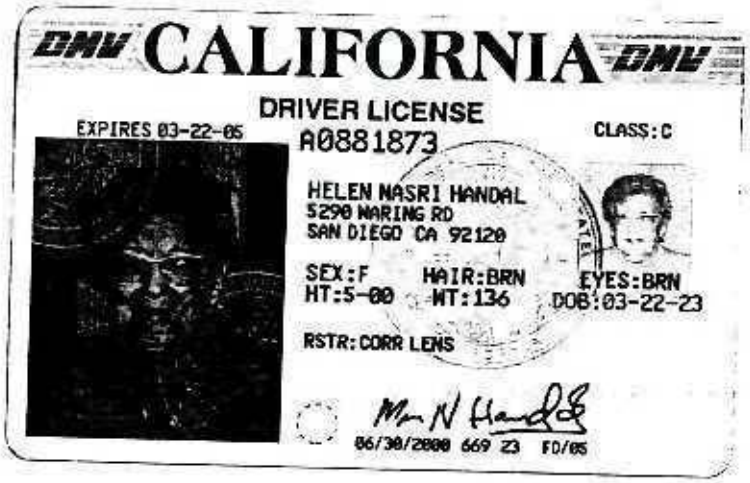
Work Order # E 18629

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

C 19629



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-22-05

A0881873

CLASS:C

HELEN NASRI HANDAL
5290 MARING RD
SAN DIEGO CA 92120

SEX:F HAIR:BRN EYES:BRN
HT:5-00 WT:136 DOB:03-22-23

RSTR:CORR LENS

06/30/2000 669 Z3 FD/05

MT HOPE CEMETERY C 18629

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Hendrickson	Lander		
		Bassham	X	Griffith		
		Elias	Criner	Buckley		

Blind Check Initiated By: Pam Date: 8/9

Interment space for: Helen Handal

Interment Date: Wed 8/11 Time: 10:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2391 Gr: 1

Grave Laid out by: Norma Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARRELL Date: 8-9-04

E-18629

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	NASRI	HANDAL	03/22/1923	08/08/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	TONY HANDAL-SON 425 TYRONE ST. EL CAJON, CA. 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
GOODBODY MORTUARY, 5027 EL CAJON BLVD. SAN DIEGO CA 92115	FD 790

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ C R I	08/09/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	08/10/2004 K JONES	2413796 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-11-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Marshall 228101

in a TS (Type of Burial Container) Funeral, date, time Fri 8/13 11:00

Church, Chapel, Graveside ; SD Memorial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 89 Grave 10

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	284 –
Flower vases, Marker setting fee	138 –
Recording/Filing/Transfer Fees	50 –
Sales taxes	21 31
Total Due	2086 31
Paid receipt number Visa	2086 31
Balance due	– 0 –

PAID

AUG 09 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: X BRENDA J WANSLEY

Address: X 1030 QUAIL ST.

City: X SAN DIEGO CA. Zip Code: 92106

Telephone: X 619 266-1460

Invoice # _____

Work Order # E 18630

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18630

DMV CALIFORNIA DMV

SENIOR CITIZEN IDENTIFICATION CARD

EXPIRES 04-02-12 C0604545

MARY ALICE MARSHALL
3802 HILLTOP DR
SAN DIEGO CA 92102

SEX:F HAIR:BLK EYES:BRN
HT:5-02 WT:098 DOB:04-02-30

Mary A Marshall

03/20/2002 613 B6 FD/12

MT HOPE CEMETERY 18630

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Louis	Lawson	Kreuter		
Williams			X			
		Sneed		Wilson		

Blind Check Initiated By: Pam Date: 8/9

Interment space for: Mary Marshall

Interment Date: Fri 8/13 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 89 Gr: 10

Grave Laid out by: C Warren

Agrees with Legal Card: ☑ Yes ☐ No plug in grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Neiz Date: ____

E-18630

74

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARY	ALICE	MARSHALL	04/02/1930	08/09/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRENDA WANSLEY-DAUGHTER 1030 QUAIL ST. SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
SAN DIEGO MEMORIAL CHAPEL 2441 UNIVERSITY AVE. SAN DIEGO, CA 92104	FD-1575	▶ Joseph Lemon Jr.	08/10/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/10/2004 J. LEMON JR.	▶ 2413813

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 BARKER ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-13-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/9/04

228/07

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonardo Rodriguez

in a OD 1st (Type of Burial Container) Funeral, date, time Mon 8/16 9:00

(Church) Chapel, Graveside _____ : Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 217 Grave 10

Grave space & Care Fund		985 —
Overtime/Late Arrival Fees		
Opening/Closing & Setup	413 x 2	~~826~~ —
Burial Container	11 — +	418 —
Handling Fees	14 — +	352 —
Flower vases		138 —
Recording/Filing/Transfer Fees	50 x 2	100 —
Sales taxes	.85 +	32.40
Total Due		2877.25 ~~2444.25~~
Paid receipt number		Visa 1056.08
		Visa 1821.17
Balance due		0

PAID

AUG 0 9 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x ex wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Ex wife.
Signature

Diana Rodriguez
Print Name

402 63rd St. Spc 235
Address

San Diego, CA. 92114
City Zip Code

(619) 264-6901
Telephone

Invoice # _____

Work Order # E 18631

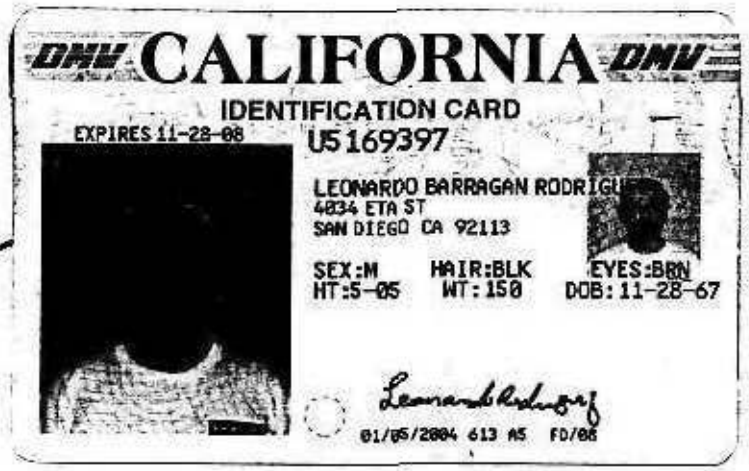
Accl. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18631



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 11-28-08

U5169397

LEONARDO BARRAGAN RODRIGU

4034 ETA ST

SAN DIEGO CA 92113

SEX:M HAIR:BLK EYES:BRN

HT:5-05 WT:150 DOB:11-28-67

01/05/2004 613 A5 FD/06

MT HOPE CEMETERY E-18631

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Bonner		Hallman	Graves	
Barrera			X			
	Rosas					

Blind Check Initiated By: Pam Date: 8/16

Interment space for: Leonardo Rodriguez

Interment Date: Mon 8/16 Time: 9:00

Div: 12 Sect: 2 Blk/Row: ___ Lot: 217 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8/16/04

E-18631

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LEONARDO	BARRAGAN	RODRIGUEZ	11/28/1967	08/05/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DIANA RODRIGUEZ (SPOUSE) 402 63RD STREET SPACE #235 SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶	08/10/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/10/2004 SANDRA PENA	2413840 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 8/15/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/10/04

228119

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Guay ⊗

in a Ash Vault (Type of Burial Container) Funeral, date, time Aug 20th Friday

Church, Chapel, Graveside AYD ; Thomas Miller (Mortuary)

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 45 Grave 5

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154 –
Burial Container	81 –
Handling Fees	88 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 –
Sales taxes	6.28
	395.28
Paid receipt number R-57920	395.28
Balance due	Ø

PAID

AUG 19 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot I hold under deed.

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Signature

Pam

Invoice # _____

Work Order # E 18632

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/10/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Guay ⊗

in a Ashvault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside AYD : Thomas Miller (Mortuary)

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 2 Section 5 Blk/Row _____ Lot 45 Grave 5

Grave space & Care Fund	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154
Burial Container	81
Handling Fees	88
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66
Sales taxes	6.28
Total Due	395.28

Paid receipt number _____

Balance due _____

I hereby certify I am the X 2 TEPSON (DPOA) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay X George W. Morgan

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

Print Name X 2101 Coachman Lane

Address X Corona, CA 92881

City Zip Code

Telephone X 951-735-4181

Invoice # _____

Work Order # E 18632

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

W/ Alva MT HOPE CEMETERY E-18632

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Stewart		Wiles		
	Wolff		X			
	Stubbs	Wolff			Grote	

Blind Check Initiated By: Pam Date: 8/20

Interment space for: Fred Guay

Interment Date: 8-20-04 Time: AYD

Div: 2 Sect: 5 Blk/Row: ____ Lot: 45 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: M Fandemacht Date: 8/20/04

E-1 8632

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Fred	Louis	Guay	07/17/1916	08/09/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	Riverside	George W. Morgan - Stepson 2101 Goachman Lane Corona, CA 92881

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Thomas Miller Mortuary 1118 E. 6th St., Corona, CA 92879	FD 66	▶ B Von Miller	8/11/04

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/10/2004	▶ 140537 /

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside Co. Health Dept. P.O. Box 7600, Riverside, CA 92513	San Diego Co. Health Dept. P.O. Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 8-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F. [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Macera Crematorium 1020 N. Fuller St., Santa Ana, CA 92701	12B. DATE CREMATED 8/13/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delphina Prosperi 228099

in a Liner (Type of Burial Container) Funeral, date, time Thurs 8/12 10:30

Church, Chapel, Graveside Del Only Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 79 Grave 1

Grave space & Care Fund	985-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413-
Burial Container	209-
Handling Fees	160-
Flower vases - Marker setting fee	138-
Recording/Filing/Transfer Fees	50-
Sales taxes	16.20
Total Due	1971.20 ~~1833.20~~
Paid receipt number	R-57894 1971.20
Balance due	Ø

PAID

AUG 13 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot I hold under deed.

Signature

Pam Rec

X Print Name

X Address

X City Zip Code

X Telephone

See attached

Invoice # _____

Work Order # E 18633

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18633

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
RODGER G. LUM, Ph.D., DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1659
(858) 694-3500 FAX (858) 694-3987

PATRICIA A. PROSIO
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

Date: 8/10/04

PLEASE DELIVER TO:

Name : Monica
Agency : John Mayer
Fax Number : 619-281-7587

FROM:

Name : Jim Fetsch
Telephone # : 858-694-3522
Fax Number : (858) 694-3987

SUBJECT : Delphina Prisperi

Number of pages (including this cover sheet) 1

MESSAGE: Residence
Villa Pancho Bernardo Conv.
15720 Bernardo Center Dr
San Diego, CA 92127

Proof of address

CONFIDENTIALITY NOTICE

The document(s) accompanying this transmission contain(s) confidential information which is or may be legally privileged. It is intended only for the use of the recipient designated above. Any disclosure, copying, distribution of this information or the taking of any action in reliance on the information, except their transmission to the above recipient, is prohibited. If you received this transmission in error, please notify us immediately by telephone to arrange for the return of the information to us.

At Mid

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delphina Prosperi in a Liner (Type of Burial Container) Funeral, date, time Thurs 8/12 10:30 Church, Chapel, Graveside Del only Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 12 Section 1 Bld/Row _____ Lot 79 Grave 1

Grave space & Care Fund	985-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413-
Burial Container	209-
Handling Fees	160-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50-
Sales taxes	16.20
Total Due	1833.20

Paid receipt number _____

Balance due _____

I hereby certify I am the [signature] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot I hold under deed.

[signature]

Signature

Pam

Bill Name MAYER MORTUARY F01424

Address 2859 Adams Ave

City San Diego, CA 92116-1408 Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 18633

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18633

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Boykin	Boykin			
	Jackson		X	Smith		
				Willis		

Blind Check Initiated By: Pam Date: 8/10

Interment space for: Delphina Prosperi

Interment Date: Thurs 8/12 Time: 10:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 79 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-10-04

E-18633

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DELPHINA	-	PROSPERI	07/21/1924	08/07/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES FETSCH - PUBLIC GUARDIAN 5201 RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVE. SAN DIEGO, CA 92116	FD-1424

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ [signature]	8B. DATE SIGNED 08/10/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	08/12/2004 R.MARTINEZ	2413953 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Carnell

in a Liner (Type of Burial Container) Funeral, date, time Mon, 8/16 11 a

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 11 Blk/Row _____ Lot 44 Grave 6

Grave space & Care Fund 985-

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

VOID

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Print Name

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 18634

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10. 04)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gillian Carlson 228098

in a liner (Type of Burial Container) Funeral, date, time Thurs 8/12 2:00

Church, Chapel, Graveside : Preferred Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 59 Grave 3

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	138 –
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1971.20
Paid receipt number R 57887	1971.20
Balance due	0

PAID

AUG 11 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary to pay

I hereby authorize the interment in lot I hold under deed.

X RICHARD CARLSON
Print Name

X 1547 BANCROFT ST.
Address

X S.D. 92102
City Zip Code

X 619-232-1419
Telephone

Signature

Invoice # _____

Work Order # E 18635

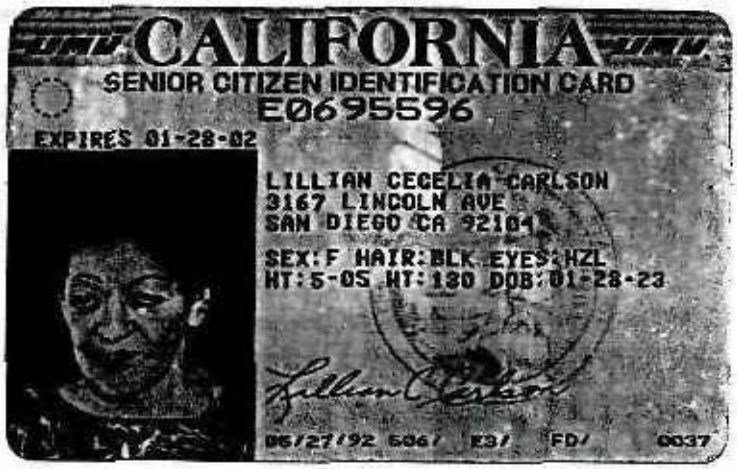
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18635



CALIFORNIA

SENIOR CITIZEN IDENTIFICATION CARD

E0695596

EXPIRES 01-28-02

LILLIAN CECELIA CARLSON
3167 LINCOLN AVE
SAN DIEGO CA 92104

SEX:F HAIR:BLK EYES:HZL
HT:5-05 WT:180 DOB:01-28-23

06/27/92 6067 E3/ FD/ 0037

MT HOPE CEMETERY E-18635

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			BABENICK	SUTTON		
	Harper		X	GRANT		
			LOFTIN	LOFTIN		

Blind Check Initiated By: Pam Date: 8/10

Interment space for: Gillian Carlson

Interment Date: Thurs 8/12 Time: 2:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 59 Gr: 3

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARKEYI Date: 8-10-07

E-18635

81

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lillian	C Cecelia	Carlson	01/28/1923	08/06/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Richard Carlson - Son 1347 Bancroft Street San Diego, California 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Preferred Cremation and Burial 3094 El Cajon Boulevard Ste., A San Diego, California 92104	FD-1746	▶ Mark Jed	08/10/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/11/2004	Mark Jenkins ▶ 2413865

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, California 92186 -5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, California 92102	11B. DATE BURIED 8-12-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Carter III 228103

in a TS Vault (Type of Burial Container) Funeral, date, time Fri 8/13 1:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 96 Grave 11

PAID

AUG 11 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413 —
Burial Container	11 + 209 —
Handling Fees	14 — 160 —
Flower vases - Marker setting fee	138 —
Recording/Filing/Transfer Fees	50 —
Sales taxes	.85 16.20
Total Due	1997.05
Paid receipt number Visa Card	1997.05
Balance due	0

I hereby certify I am the X MOTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Attorney to pay

I hereby authorize the interment in lot _____ hold under deed.

Christ Carter per

Signature

Pam Parlette

X CHRISTA CARTER
Print Name

5269 Caminito Mindy St
Address

SAN DIEGO CA 92105
City Zip Code

(619) 264-8123
Telephone

MSG. 460-0153

Invoice # _____

Work Order # E 18636

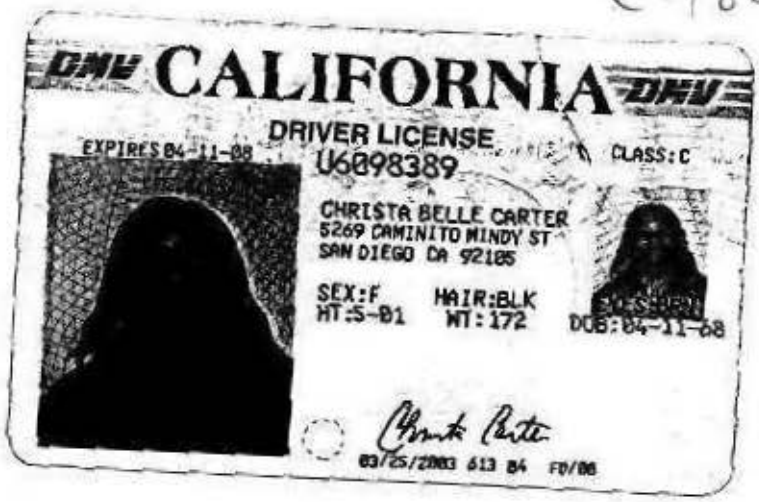
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18636



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 04-11-08

U6098389

CLASS:C

CHRISTA BELLE CARTER
5269 CAMINITO MINDY ST
SAN DIEGO CA 92105

SEX:F HAIR:BLK
HT:5-01 WT:172

DOB:04-11-68

03/25/2003 613 B4 F0/08

MT HOPE CEMETERY E-18636

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Marcum	Mahaffey		
		Phelps	x			
		Grace		Williams		

Blind Check Initiated By: Pam Date: 8/9

Interment space for: Samuel Carter III

Interment Date: Fri 8/13 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 96 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: DAVID N. Date: 8-11-04

E-18636

8

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Samuel	Jerome	Carter, III	02/13/1996	08/06/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	SanDiego	Samuel J. Carter, Jr., Father 5269 Caminity Mindy Street San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ [illegible]	08/09/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/11/2004 B. Campbell	2413845 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92108	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8/13/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 10, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Vallejo 228096

In a TS Vault (Type of Burial Container) Funeral, date, time Thurs 8/12 10:00

Church Chapel, Graveside ; Guadalupan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row _____ Lot 113 Grave 9

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	31
Total Due	1948 31
Paid receipt number R57884	1948.31
Balance due	0

PAID AUG 10 2004 MOUNT HOPE

I hereby certify I am the X SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name JENNIE VALLEJO

Address 3145 MARKET ST

City SAN DIEGO CA Zip Code 92102

Telephone 5950622

Invoice # _____

Work Order # E 18637

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Delivery Request

OPTIONCARE -VISTA
1122 NORTH MELROSE
VISTA, CA 92083-
760-630-5350
800-933-5350

E-18637

08/02/2004
17:37:20
Page 1

Ticket Number: **72229**

Delivery Person: NM (1)

Patient Number 04-9537
Patient Name VALLEJO, RICHARD
3145 MARKET STREET
SAN DIEGO, CA 92102-
Phone Number 619-228-4254

Ship To VALLEJO, RICHARD
3145 MARKET STREET
SAN DIEGO, CA 92102-
619-228-4254

Ins.#1: SAN DIEGO HOSPICE Ins.#2: Ins.#3:

Delivery notes
DELIVER 8/3/04. NM
CALL WITH ETA!

Type	Code/Rx #	Description	S/N	Required	Shipped	Received
Order -	**S000001**	**DOS: 08/03/2004 - 08/09/2004**	**PCA-1**			
SV	DELMED	DELIVERY - MEDS			1	
RX -	**N2321**	**DOS: 08/03/2004 - 08/09/2004**	**PCA-1**		**1**	
			MORPHINE 20MG/ML IN NS 250ML BAG			

Equipment rented to patient

Code/Rx #	Description	Serial Number	Date Assigned
SD6100	PUMP, CADD PRIZM 6100	643482	07/26/2004

Delivered by: Manuel Mendoza Date: 8/3/04 Time: __:__

Received by: _____ Date: __/__/____

Accepted for Patient by: _____ Relationship to Patient: _____

PER CALIFORNIA STATE LAW MEDICATIONS DISPENSED TO PATIENT CANNOT BE RETURNED. FOR YOUR CONVENIENCE, WE ACCEPT VISA/MASTERCARD
THANK YOU FOR USING OPTION CARE

PATIENT COPY

MT HOPE CEMETERY E-18637

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				DeSepe		
	Cunningham	Williams	X			
Tucker						

Blind Check Initiated By: Pam Date: 8/10

Interment space for: Richard Vallejo

Interment Date: Thurs 8/12 Time:

Div: 12 Sect: 2 Blk/Row: ____ Lot: 113 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ~~☒ Yes~~ ☐ No

Blind Check & Verified By: M. [illegible] Date: 8/12/04

E-18637

16

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICHARD	-	VALLEJO	09/22/1987	08/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANTONIA FRANCO-MOTHER 3145 MARKET ST. SAN DIEGO,CA.92102

7A. NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	Selene Chavez	08/11/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	SELENE CHAVEZ 08/12/2004	2413944

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 8/12/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pro Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 11, 04

228093

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alberta Williams & Alyce Davis

in a DO Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 178 Grave 2

Grave space & Care Fund E 2151	~~0~~
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container E 2399 = 418-212 =	206
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 —
Sales taxes	15.96
Total Due	1036.96
Paid receipt number R57890	400 —
Balance due	636.96

PAID

OCT 08 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

x Alyce Davis
Print Name

x 437 W. 47th St.
Address

x San Diego, 92102
City Zip Code

x (619) 264-8671
Telephone

Invoice # _____

Work Order # E 18638

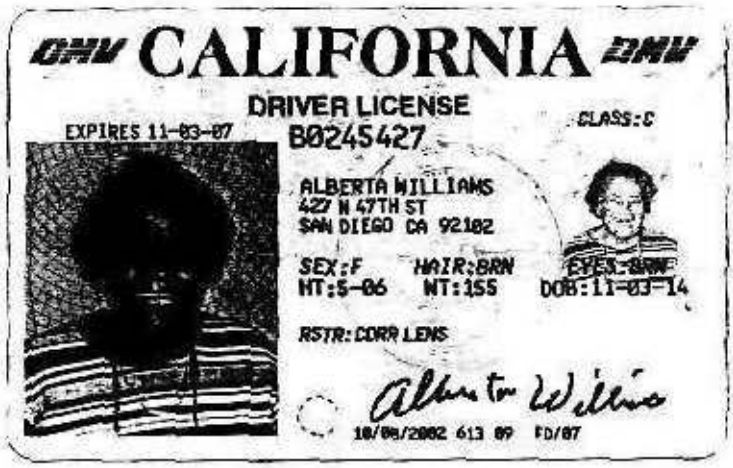
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18638



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 11-03-07

B0245427

CLASS:C

ALBERTA WILLIAMS
427 N 47TH ST
SAN DIEGO CA 92102

SEX:F HAIR:BRN EYES:BRN
HT:5-06 WT:155 DOB:11-03-14

RSTR:CORR LENS

Alberta Williams

10/08/2002 613 09 FD/07

E-18638

DAVIS, ALYCE 427 N. 47th Street SD 92102 (619)264-8671

~~Div 12 Sec 1 Lot 178 Gr 2~~

		DEBIT	CREDIT	BAL
08-[illegible]-2004	Opened pre-need trust to replace Alberta Williams trust. to include DD Crypt, open/close, handeling fee, recording fee and tax. R-57890. 1st burial paid in full already.	1036.96		
			400.00	636.96
8-27 04	57949		300.00	336.96
10-8 04	58113		336 —	96

PAID

OCT 08 2004

MOUNT HOPE CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 12, 04

228115

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Y. Fujihara

in a Ash Vault (Type of Burial Container) Funeral, date, time Weds Aug 18th 2:00

Church, Chapel, Graveside : Family Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 11 Blk/Row _____ Lot 164 Grave 3

Grave space & Care Fund A2602	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154 —
Burial Container	81 —
Handling Fees	88 —
Flower vases – Marker setting fee	184 —
Recording/Filing/Transfer Fees	66 —
Sales taxes	6.28
Total Due	579.28
Paid receipt number Credit Card	579.28
Balance due	—

PAID

AUG 12 2004

MOUNT HOPE CEMETERY

I hereby certify I am the husband Kenneth Fujihara of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam Paulette

Kenneth Fujihara
Print Name

18642 Nottingham Place
Address

La Jolla 92037 CA
City Zip Code

858-546-8799
Telephone

Invoice # _____

Work Order # E 18639

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18639

August 10, 2004

Mt. Hope Cemetery
3751 Market Street
San Diego, CA 92102

Re: Permission for Burial at Lot #164, Grave 3, Section 11, Division 7

This plot was purchased by my brother, Mark Manuel Yamaguchi, and is now deceased.
I, Jane Takeshta, am the next of kin.
I give my permission, to have Yone Lois Fujihara, my sister to be buried in this plot.

Sincerely,
Jane Takeshta
Jane Takeshta
7547 Fulton St.
San Diego, CA 92111-6123
Phone: (858) 277-1563

w/ family

MT HOPE CEMETERY E-18634

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	NAKAGAWA		NAKAGAWA			
		Hyeda	x	takashi		
			Sogawa			

Blind Check Initiated By: Pam Date: 8/16

Interment space for: Lois Y. Fujihara

Interment Date: 8-18-04 Time: 2:00 G.S.

Div: 7 Sect: 11 Blk/Row: ____ Lot: 164 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: DARRELL Date: 8-16-04

86178 — E- 18639 87 AA X 317

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LOIS	YONE	FUJIHARA	03/26/1916	08/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	KENNETH FUJIHARA - HUSBAND 8642 NOTTINGHAM PL LA JOLLA CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ECM CYPRESS VIEW CHAPEL 3953 IMPERIAL AVE SAN DIEGO CA 92113	FD670	[signature]	08/13/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/16/2004 E.JORDAN	[signature] 2414108

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS... PO BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE SAN DIEGO CA 92113	12B. DATE CREMATED 8/17/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

RECD AUG 16 2004 0755 /

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED TOTAL of 15 chairs

Date 8-12-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Carnell 228109

in a Liner (Type of Burial Container) Funeral, date, time Tues Aug 17 11:00

Church, Chapel, Graveside CA BURIAL Mortuary Claudette

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 67 Grave 9

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2437.54
Paid receipt number R-57897	2437.54
Balance due	Ø

PAID

AUG 13 2004

MOUNT HOPE CEMETERY

Fax 229-2750

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Mort. to Pay Paulette

See attachment for signature

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 18640

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-12-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Carnell in a Liner Funeral, date, time Tues Aug 17 11:00 Church, Chapel, Crematorium CA Burial Claudette Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 67 Grave 9

Grave space & Care Fund	1310.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	2437.54
Paid receipt number	
Balance due	

Fax 229-2750

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Maurice Carnell
Signature

MAURICE CARNELL
Print Name

7452 BLACK OAK RD., SAN DIEGO, CA
Address

City Zip Code

619-921-1548
Telephone

Mort. to Pay Paulette

Invoice # _____

Work Order # E 18640

Acct. # _____

This information is available in alternative formats upon request.

CAll me paulette
& Remind me to Bring
Check

MT HOPE CEMETERY E 18640

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				EARL JR		
CARROLL			X			
				Bustamante		

Blind Check Initiated By: Paulette Date: 8/16/04

Interment space for: Gregory Carnell

Interment Date: 8-17-04 Time: 11:00 G.S.

Div: 12 Sect: 1 Blk/Row: ____ Lot: 67 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 8/16/04

E-18640

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GREGORY	L.	CARNELL	11/16/1960	08/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAS VEGAS	NEVADA	MARRICK J. CARNELL, JR.—BROTHER 7452 BLACK OAK RD. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	[illegible]	Claudette Ruiz	08/16/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/16/2004 C. RUIZ	2414149

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—	SAN DIEGO VITAL RECORDS-P.O.BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [x] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 8/17/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL M. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need

Date 8-13-04

228111

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains 9:00

of Fabian Gama Wednesday 8/18

in a Liner OA Funeral, date, time ~~Tuesday 8/17~~ ~~9:00~~

Type of Burial Container

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot ~~69~~ 424 Grave 1

Grave space & Care Fund	215.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	215.00
Burial Container 39L x 17W	105.00
Handling Fees	55.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	8.14
Total Due	648.14
Paid receipt number R-57903	648.14
Balance due	Ø

PAID

AUG 16 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Salvador Gama
Print Name

X 4269 50th St Apt 6.
Address

X SAN DIEGO CA 92115
City Zip Code

X 619 2828372.
Telephone

Paulette

Work Order # E 18641

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18641

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 03-18-07

A4075968

CLASS:C

SALVADOR GAMA ROJAS
4269 50TH ST 6
SAN DIEGO CA 92115

SEX:M
HT:5-08
HAIR:BLK
WT:160
EYES:BRN
DOB:03-18-59

01/11/2002 669 48 FD/87

MT HOPE CEMETERY E-18641

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Cabrera			
		Childers				
			X			
						Clevenger

Blind Check Initiated By: Pam Date: 8/16

Interment space for: Fabian Gama

Interment Date: Aug 8/17 Time: 9:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 124 Gr: 1

Grave Laid out by: Norman Fey

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8/16/04

E-18641

11 MO

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FABIAN	-	GAMA-SANCHEZ	08/27/2003	08/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SALVADOR GAMA-FATHER 4269 50th ST #6 SAN DIEGO,CA,92115

TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE SAN DIEGO,CA,92102	FD-1425	▶ Joe Chavez	08/18/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	JOSE CHAVEZ 08/18/2004	2414250 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 8-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION IF BURIAL AT SEA. ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 16, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel B. Mao 228113

in a Liner (Type of Burial Container) Funeral, date, time Wed. 8/18 12:30

~~Church, Chapel, Graves~~ide Cel only ; Athiezer Comer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 10

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	143 –
Burial Container	289 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57915	1833.20
Balance due	Ø

PAID

AUG 18 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 Pay

I hereby authorize the interment in lot I hold under deed.

X _____ Print Name

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Signature

Pam

Rec

Invoice # _____

Work Order # E 18642

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Attd

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 16, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel B. Mao

in a Liner (Type of burial container) Funeral, date, time Wed. 8/18 12:30

~~Sherman, Oregon Grove~~side Colonly : Alhiser-Comer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 81 Grave 10

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	259 —
Handling Fees	160 —
Flower vases – Marker setting fee	
~~Recording~~/Filing/Transfer Fees	50 —
Sales taxes	16.20
Total Due	1833.20
Paid receipt number	
Balance due	

I hereby certify I am the X FUNERAL DIRECTOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary 2 Pay

I hereby authorize the interment in lot I hold under deed.

X Tony DeHaan
Print Name
1225 S. Broadway
Address
Esc. CA. 92025
City Zip Code
(760) 745-2162
Telephone

Invoice # _____

Work Order # E 18642

ACCT. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18642 N2042740

AMERICO

AMERICO FINANCIAL LIFE AND ANNUITY INSURANCE COMPANY

P.O. Box 139091, Dallas TX 75313-9091 • **Application for Group Life Insurance**

GROUP POLICYHOLDER: TRUSTEE OF THE GOLDEN CONSIDERATIONS PRENEED TRUST

1. Proposed Insured Name (First, Middle, Last): BARRY DANIEL MAO	2. Telephone Number: (541) [redacted] 479-1008
Address: Po. Box 127634	3. Date of Birth (Mo./Day/Yr.): 3/7/1943 — Age Last Birthday: 59
City: [redacted] State: [redacted] Zip: [redacted]	4. Sex: (X) Male ☐ Female — 5. SS#: 548-68-0904
6. Certificate Owner's Name (if other than Proposed Insured)	7. Relationship to Insured — 8. Certificate Owner's SS#
Address	9. Telephone Number ( )
City State Zip	10. Special Requests
11a. Primary Beneficiary / Relationship to Proposed Insured: Alhiser-Comer Mortuary as their intrest appears	11b. Contingent Beneficiary / Relationship to Proposed Insured

12. Is the proposed insurance intended to replace an existing insurance or annuity policy? If "YES", complete required replacement form(s) if any and attach. ☐ YES (X) NO

13. Hold for Companion App? ☐ YES (X) NO

14. Plan Name: Golden Considerations

15. Face Amount: $5159.63

16. Excess Interest Rate: 3 %

17. Payment Period: ☐ 1 year ☐ 3 year ☐ Single Pay ☐ 5 year (X) 10 year

18. Payment Method: (X) P.A.C. ☐ Direct Pay ☐ Other

19. Frequency: ☐ Annually ☐ Quarterly ☐ Semi-Annually (X) Monthly

20. Premium: w/App $ 70.37 Modal $ 70.37

21. Automatic Premium Loan Elected? ☐ YES (X) NO

HEALTH INFORMATION Will the following health questions be answered? (X) YES ☐ NO

☐ YES (X) NO

22. Are you currently hospitalized or confined to a nursing home or long term care facility, or during the past year have you been advised to have any surgical procedure that has not been performed or been treated for or taken medication for any of the following diseases or disorders:

- Heart attack
- Diabetic coma/insulin shock
- Cirrhosis of the liver
- Kidney failure
- Drug or alcohol dependency
- Chronic Obstructive Pulmonary (Lung) Disease
- Chronic kidney disorder (including dialysis)
- Amputation (caused by disease)
- Stroke
- Congestive heart failure
- Cancer (other than skin)
- Alzheimer's disease
- Emphysema
- Angina pectoris

☐ YES (X) NO

23. Have you ever been diagnosed as having or been treated by a medical professional for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or any immune deficiency related disorder?

If you choose not to answer the health questions or if you answered "YES" to any of the health questions (22-23) a certificate with a limited death benefit during the first two years of payments will be issued except for guaranteed single premium plans. If you answered "NO" to all of the health questions (22-23) a certificate with full coverage will be issued.

AUTHORIZATION AND ACKNOWLEDGMENT

I represent that the statements and answers given in the application are true, complete and correctly recorded, to the best of my knowledge and belief. I agree that the company can rely on these statements. Any certificate of coverage issued based on this application will be deemed to be delivered in and governed by the laws of the jurisdiction in which this application was signed. I understand I am applying for coverage under a group life insurance policy issued to the Trustee of the Golden Considerations PreNeed Trust. I agree to be bound by the terms of the Trust. I may receive a copy of the Trust upon request to the Company.

By completing the Health Information questions and signing the application, any medical practitioner/facility, insurer, or governmental agency is authorized to give Americo Financial Life and Annuity Insurance Company records or information regarding the Proposed Insured's health. This authorization is limited to matters related to the Health Information questions and shall be valid for 30 months from the date signed.

Dated at: Escondido, CA. (City and State) on 8/19/02 (Month/Day/Year)

(X) Barry Daniel Mao — Signature of Proposed Insured

X — Signature of Certificate Owner (if different from the Proposed Insured)

Alhiser-Comer Mortuary — Provider Name

8581 — Provider ID Number

AGENT STATEMENT

Do you have any knowledge or reason to believe that replacement of existing insurance or annuity may be involved? ☐ YES (X) NO

If "YES", complete replacement form(s) and attach copy if required.

I hereby certify that I have personally asked each question on this application to the Proposed Insured, and I have truly and accurately recorded on the application the information supplied by him/her.

Agent Signature(s)	Print Agent Name(s)	Agent Phone Number(s)	Agent Number(s)	%
X [signature]	Tory DeHaan	760-745-2162	22co100330-005	
X				

ACA5068 (06/02) 1st Part - Home Office 2nd Part - Funeral Home 3rd Part - Purchaser

Aug 16 '04 8:27 P.01 Fax:760-745-5259 ALHISER-COMER

MT HOPE CEMETERY E 18642

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Vi heov	Newell			
		Jefferson	x		Rosedale	
	Davis				Martin	

Blind Check Initiated By: Pam Date: 8/9

Interment space for: Daniel B. Mao

Interment Date: Wed 8/18 Time: 12:30

Div: 12 Sect: 2 Blk/Row: ____ Lot: 81 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: DARREYL Date: 8-17-04

MT HOPE CEMETERY E-18642

Wed already 12:30

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Vincent	Newell			
		Jefferson	X		Rosadel	
	Davis				Martin	

Blind Check Initiated By: Pam Date: 8/9

Interment space for: ~~Phylis Murphy~~ BARRY/MAO

Interment Date: ~~Thurs 8/12~~ RC Time: ~~11:00~~ RC

Div: 12 Sect: 2 Blk/Row: ____ Lot: 81 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No Flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: RGB Date: 8/10/04

8/11 Per Kevin, to use lot for BERRY, Mao

E-18642

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Barry	Daniel	Slagle Mao	03/07/1943	07/23/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tijuana	Mexico	Sherrill Rush-Sister 1265 Sleepy Hollow Loop Grants Pass, OR 97527

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	Sherrill Rush	08/18/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 08/18/2004	▶ 2414255

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [x] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market St. San Diego,CA 92102	11B. DATE BURIED 8-18-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Kamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 16 04

207464

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ophelia Dabbaghian

In a TS Vault (Type of Burial Container) Funeral, date, time Thurs 8/19 10:00

Church, Chapel, Graveside ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 10 Section _____ Blk/Row _____ Lot 506 Grave 1

Grave space & Care Fund	E 7674
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549 —
Burial Container	366 —
Handling Fees	271 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 —
Sales taxes	28.37
Total Due	1280.37
Paid receipt number	Visa 1280.37
Balance due	

PAID

AUG 16 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Vahik Dabbaghian (Print Name)

X 7820 Eagle Ridge Dr (Address)

X S-D CA 92119 (City, Zip Code)

X (619) 4657373 (Telephone)

Invoice # _____

Work Order # E 18643

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18043

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	SARKISS-IAN		X	NASUDA		

Blind Check Initiated By: Pam Date: 8/16

Interment space for: Ophelia Debbaghian

Interment Date: Thurs 8/19 Time:

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5062 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-17-04

E-18643

87

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHELIA	-	DABBAGHIAN	01/03/1917	08/16/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	VAHIK DABBAGHIAN - SON 7820 EAGLERIDGE DR. SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED 08/19/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID $13.00	9B. DATE PERMIT ISSUED 08/19/2004 R.MARTINEZ	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2414362 ▶
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA —	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA 92102	11B. DATE BURIED 8/19/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-16-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois S. De Soto 207580

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thurs Aug 19 11:00

Church, Chapel, Graveside _____ ; FEATHERINGILL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 109 Grave 3

Grave space & Care Fund E-112	~~1121~~ PC
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	—
Sales taxes	50 00
Total Due	21.31
Paid receipt number	963.31
Balance due	~~963~~

PAID
AUG 16 2004
MOUNT HOPE CEMETERY

I hereby certify I am the husband Paid in full of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

David D DeSoto
Print Name

1711 Michelle Dr.
Address

San Diego CA 92105
City Zip Code

(619) 262-8063
Telephone

Paulette
Work Order # E 18644

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E 18644

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Hurst	Read	X			Bradford
			Escofet			Williams

Blind Check Initiated By: Paulette Date: 8-17-04

Interment space for: Lois S. De Soto

Interment Date: 8/19 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 109 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: DAVID NORIEGA Date: 8-18-04

E 18644

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APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lois	S.	Desoto	05/03/1922	08/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	David Desoto (Spouse) 1711 Madvale Dr. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Featheringill Mortuary: 6322 El Cajon Blvd. San Diego, CA 92115	FD-1083

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ M. Dominguez	08/17/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	08/18/2004	2414251 M. Dominguez ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/19/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Tendermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 16, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles & Barbara Hess

in a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 45 Grave 4

Grave space & Care Fund		985-
Overtime/Late Arrival Fees	413- x 2	826-
Opening/Closing & Setup	11- + 418	429
Burial Container		
Handling Fees		
Flower vases - Marker setting fee		
Recording/Filing/Transfer Fees		
Sales taxes		
Total Due		
Paid receipt number		
Balance due		

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 18645

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 16, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles + Barbara Hess

in a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 45 Grave 4

PAID AUG 16 2004 MOUNT HOPE CEMETERY

Grave space & Care Fund		985-
Overtime/Late Arrival Fees		
Opening/Closing & Setup	413 x 2 =	826-
Burial Container	418 + 11 =	429-
Handling Fees	352 + 14 =	366-
Flower vases/Marker setting fee		138-
Recording/Filing/Transfer Fees	50 x 2 =	100-
Sales taxes	.85 + 32.40	33.25
	Total Due	2877.25
	Paid receipt number	R-579062877.25
	Balance due	-0-

I hereby certify I am the x Public Guardian of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

x San Diego County
Print Name
x Public Guardian
Address
x 5201-A Ruffin Rd
City x San Diego Zip Code
Telephone

Invoice # _____

Work Order # E 18646

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18646

County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
JEAN M. SHEPARD, ACTING DIRECTOR

AGING & INDEPENDENCE SERVICES
PUBLIC ADMINISTRATOR – PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CA 92123-1699
(858) 694-3500 FAX (858) 694-3987

PATRICIA FROSIO
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN

FAX COVER SHEET

DATE: 8-9-04

FAX TO: (619) 527-3403

NAME: Pam

AGENCY: Mt. Hope

FROM: DEPUTY MICHAEL OSTASH

AGENCY: PUBLIC ADMINISTRATOR/PUBLIC GUARDIAN

PHONE: (858) 694-3520

FAX: (858) 694-3987

SUBJECT: Charles Hess
Barbara Hess

NUMBER OF PAGES (NOT INCLUDING THIS COVER SHEET): _____

MESSAGE: Verification of SD address for burial plots (pre-paid). Call me with questions.

– Mike

E 18646

STEPHEN M POSES, MD
MOBILE PHYSICIAN SERVICES
7877 PARKWAY DRIVE #18
LA MESA CA 91942

BILLING QUESTIONS, PLS CALL MOBILE PHYSICIAN SERVICES
(619) 461-3717

ACCOUNT # 7513

PN 4494

01/28/04
PAGE # 1

DUE TO A CHANGE IN BILLING PROCEDURES AT MOBILE PHYSICIAN SERVICES,
YOU MAY RECIEVE MORE THAN ONE STATEMENT.
PLEASE MAKE YOUR CHECKS OUT TO THE INDIVIDUAL DOCTORS

ACCOUNT BALANCE	134.50
INSURANCE DUE	6.00
PAY THIS AMOUNT --->	79.50
PAYMENT AMOUNT	$_____

[redacted]
2493 MELBOURNE DRIVE
[redacted]

PAT: BARBARA

PLEASE RETURN UPPER PORTION WITH YOUR PAYMENT

DATE	INS BILLED	DESCRIPTION	CODE	DIAG	CHARGE	PAYMENT	ADJUSTMENT	BALANCE	INS
12/30/03	12/31/03	HOME VISIT EST PT DETAIL	99349	707.0	120.00				
STEPHEN M POSES, MD									
		PAYMENT: INSURANCE				60.00			
								60.00	
12/30/03	12/31/03 *	VENIPUNCTURE	36415	707.0	6.00				
STEPHEN M POSES, MD									
								6.00	*
12/30/03	12/31/03	CERNUM LAVAGE	69210	380.4	65.00				
STEPHEN M POSES, MD									
		PAYMENT: INSURANCE				45.50			
								19.50	

AMOUNT 79.50
CASE NO. 20021297 -M60
TRAN. NO.
G/L ACCT. 828
P/P NO.
pt-portion For 12/30/03
acct# 7513

PAID
FEB 20 2004

CURRENT	31 - 60	61 - 90	91 - 120	OVER 120
79.50	.00	.00	.00	.00

** STATEMENT DUE UPON RECEIPT * THANK YOU **

At Deed
D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Ritter 222600

in a I.S. Vault (Type of Burial Container). Funeral, date, time Friday Aug 20 10:15

Church, Chapel, Graveside Delivery Only : Mayer Mortuary. monica 281-7055

All Funeral cars must arrive before 3:00 p.m. or regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 22 Grave 9

Grave space & Care Fund D-7529	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
	963.31
	963.31
Balance due	0

PAID
AUG 17 2004
MOUNT HOPE CEMETERY

Paid receipt number R-57911

Fax 281-7587

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

See attached

Paulette

Work Order # E 18647

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY < 18647

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Mercer	x		Biglin	Lyons
		Butler	Timmons			

Blind Check Initiated By: Paulette Date: 8/19

Interment space for: Clifton Potter Delivery only!

Interment Date: 8-20-04 Time: 10:15

Div: 12 Sect: 3 Blk/Row: ____ Lot: 22 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 8/19/04

E-18647

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLIFTON	WADE	POTTER	11/13/1911	08/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROSE ALEXANDER - DAUGHTER 8565 SOUTH COACHMAN WAY WEST JORDAN, UT 84088

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE.,SAN DIEGO,CA 92116	FD-1424	▶ [signature]	8/10/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/10/2004 R.MARTINEZ	2413805 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, [illegible] ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

8/17/04
Please sign and send copy of relationship to Clifton Potter.

At Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Potter

in a I.S. Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Delivery Only : Mayer Mortuary. manila 281 7055

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Division 12 Section 3 Blk/Row Lot 22 Grave 9

Grave space & Care Fund D-7529	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	963.31
Paid receipt number R-57911	963.31
Balance due	0

I hereby certify I am the [redacted] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[redacted] Marie Autrey

[redacted] 158 Cottonwood Loop

[redacted] Saratoga Springs, UT 84043 Zip Code

[redacted] 801-766-4012

[redacted]

Paulette

Invoice #

Work Order # E 18647

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 8-17-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee M. Smith Jr. 228122

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri. Aug. 20 11:00

Church, Chapel, Graveside _____ ; Ca Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 193 Grave 10

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees 8/25 by Lisa	204.00
Flower vases, Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R-57912	1948.31
Balance due	Ø

PAID

AUG 17 2004

MOUNT HOPE CEM

I hereby certify I am the _____ of the above named decedant and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Rea

Work Order # E 18648

Invoice # _____

Acct. # _____

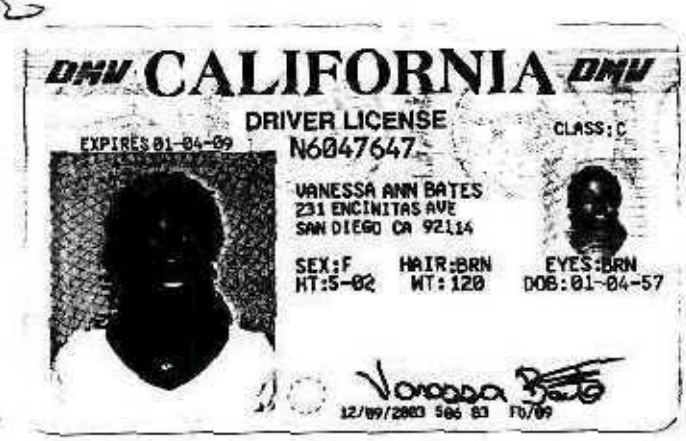
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18648

Mother


DMV CALIFORNIA DMV
DRIVER LICENSE
EXPIRES 01-04-09
N6047647
CLASS:C
VANESSA ANN BATES
231 ENCINITAS AVE
SAN DIEGO CA 92114
SEX:F HAIR:BRN EYES:BRN
HT:5-02 WT:120 DOB:01-04-57
Vanessa Bates
12/09/2003 506 83 F0/09

MT HOPE CEMETERY C 18648

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Hiram	Jimmy	[illegible]		
	Pacheco	Pacheco	X	Wilson		
		Logan	Estrada			

Blind Check Initiated By: Pam Date: 8/16

Interment space for: Lee M. Smith Jr.

Interment Date: 8/20/04 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 193 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on

Agrees with Map: ☐ Yes ☐ No Grave

Blind Check & Verified By: _____ Date: _____

E-18648

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LEE	MASSIE	SMITH	01/04/1988	08/14/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VANESSA A. BATES-MOTHER 231 ENCINITAS AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION &BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	FD-1357	▶ [signature]	08/18/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/18/2004 J.BENYARD	▶ 2414265

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-20-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

Disinterred + moved to Mason A, Lot 47, gr. 9 on June 16, 2005 E-19178

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 17, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Izetta V. Chambers 228125

In a DD 1st (Type of Burial Container) Funeral, date, time Tues 8/24 11:00

Church, Chapel, Graveside New Creation ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 687 Grave 1

Grave space & Care Fund	1535 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352 —
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fee	50 —
Sales taxes	32.40
Total Due	2800.40
Paid receipt number R57913	2800.40
Balance due	0

PAID

AUG 17 2004

MOUNT HOPE CEMETERY

I hereby certify I am the x Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and Interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Norman E. Chambers
Print Name

6243 Caminito Platta
Address

S.D. CA 92120
City Zip Code

(619) 807-3547
Telephone

(619) 239-0408

Invoice # _____

Acct. # _____

Work Order # E 18649

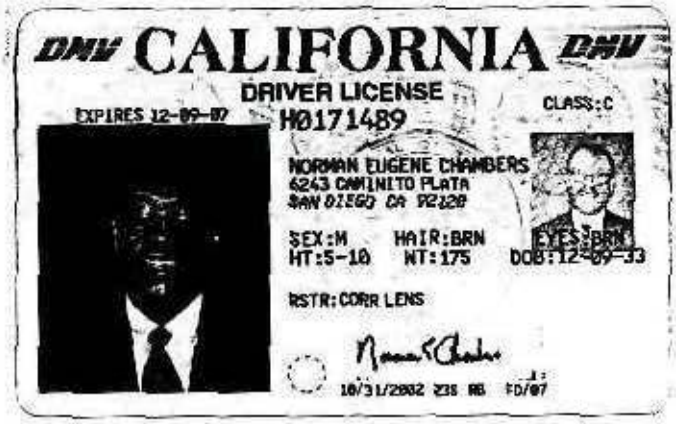
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Husband of
Izetta

E 18649


DMV CALIFORNIA DMV
DRIVER LICENSE
EXPIRES 12-09-07
H0171489
CLASS:C
NORMAN EUGENE CHAMBERS
6243 CAMINITO PLATA
SAN DIEGO CA 92120
SEX:M HAIR:BRN
HT:5-10 WT:175
EYES:BRN
DOB:12-09-33
RSTR:CORR LENS
10/31/2002 23S RB FD/07

MT HOPE CEMETERY E-18649

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Nicholson	Frederick	Baker		
	Hasla	Hansen	X			

Blind Check Initiated By: Pam Date: 8/18

Interment space for: Lytta Chambers

Interment Date: Tues 8/24 Time: 11:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1087 Gr: 1

Grave Laid out by: KEN & CHUCK

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

flag on grave

Blind Check & Verified By: [illegible] Date: 8-23-04

E-18649 71

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Izetta	Virginia	Chambers	05/17/1933	08/15/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sherman Oaks	Los Angeles	Norman E. Chambers - Husband 6243 Caminito Plata San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blanlampbell	08/24/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/24/2004 B. Campbell	2414581 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 North Figueroa Street RM L-1 Los Angeles, CA 90012	Vital Records, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8 24 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

At Need
Total of
12 CHAIRS

City of San Diego

Date 8/18/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter A. Varner 228123

in a liner (Type of Burial Container) Funeral, date, time Mon. Aug. 23, 11:00

Church, Chapel, Graveside : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 239 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number K-57917	1833.20
Balance due	Ø

PAID
AUG 18 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature: Martha Johnson

Print Name: Martha Johnson

Address: 749 OLIVEWOOD TER.

City: San Diego CA Zip Code: 92113

Telephone: (619) 264 4516

Pauletta per

Work Order # E 18650

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18650

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. Check for Water & Electrical lines

			X			
		NO MARKERS Near				

Blind Check Initiated By: Paulette Date: 8/19

Interment space for: Peter A. YARNER

Interment Date: 8-23-04 Time: 11:00 CHURCH

Div: 12 Sect: 2 Blk/Row: ____ Lot: 239 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 1/20/09

E-18650

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PETER	ANDREW	VARNER	01/02/1949	08/13/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NARETHA V. JOHNSON-mother 749 OLIVEWOOD TERRACE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY CA 91950	FD-1689	▶ [signature]	08/17/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/17/2004 V MITCHELL	▶ 2414190

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8/23/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

at need

Date 8-19-04

228139

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose De Jesus Hernandez

in a liner (Type of Burial Container) Funeral, date, time FRI Aug 27 10:00

Church, Chapel, Graveside _____ HEATH (619) 477-4134 Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 264 Grave 5

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57918	1833.20
Balance due	0

PAID
AUG 19 2004
MOUNT HOPE CEMETERY

Paulette

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: HERLINDA MARTINEZ

Address: 1269 RIVIERA Point ST

City: SAN DIEGO CA Zip Code: 92154

Telephone: 619 271-4626

Invoice # _____

Work Order # E 18651

Acct. # _____

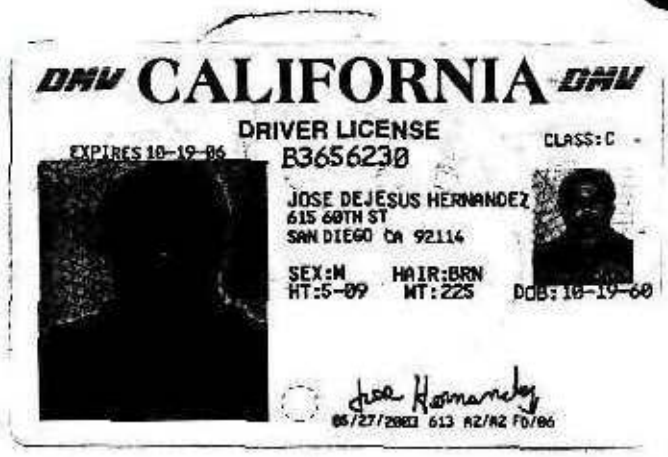
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

C 18651

Herlinda Martinez (sister)



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 10-19-06

B3656230

CLASS:C

JOSE DEJESUS HERNANDEZ
615 60TH ST
SAN DIEGO CA 92114

SEX:M HAIR:BRN
HT:5-09 WT:225

DOB:10-19-60

Jose Hernandez
05/27/2003 613 A2/A2 F0/06

MT HOPE CEMETERY E-18651

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Wilkins			
	Johnson	Ockert	x	martin		

Blind Check Initiated By: Paulette Date: 8/24

Interment space for: Jose De Jesus Hernandez

Interment Date: Fri. Aug. 27 Time: 10:00

Div: 12 Sect: 2 Blk/Row: ___ Lot: 264 Gr: S

Grave Laid out by: Norman Fergus

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: Kim F. Fergus Date: 8/28

C-18651

43

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOSE	DeJESUS	HERNANDEZ	10/19/1960	Fd 08/16/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Herlinda Martinez - Sister 1269 Riviera Point Street San Diego CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Heath Funeral Home 91950 611 Highland Ave., NationalCCity CA	FD 807

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Howard Hu	08/24/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$ 13.00	08/24/2004	Nancy L Bowan MD

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA 92102	11B. DATE BURIED 7-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Hector Olivera	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-19-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Nichols 228/29

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues 8/24 11:00

Church, Chapel, Graveside _____ ; Mayer Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 39 Grave 12

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00 ✓
Burial Container	275.00
Handling Fees	204.00 ✓
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number	R-57919 500.00
Balance due	1448.31
	- 375.00

PAID

AUG 23 2004

MOUNT HOPE CEMETERY

Fax # 619 749 5953

3@ R-57922-57924 of 375.00

I hereby certify I am the mother of the above named ~~decedent~~ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

bal. 1073.31

I hereby authorize the interment in lot I hold under deed.

Angelia Merritt
Signature

Angelia Merritt R57925 500 573.31
Print Name

244 N. Mollison Ave #129 R57926 160 — 1473.31
Address

El cajon Ca 92021
City

(619) 749-5953 57929 Zip Code 150 — 373.31
Telephone

Invoice # 57931 373.31

Acct. # —

Work Order # E 18652

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18652

resided w/ sister of Michael Nichols

NOTICE OF ACTION

COUNTY OF
SAN DIEGO

DEL 03/04

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVI

Notice Date 07-02-04 LC61 M

Case
Name NICHOLS TAMERISHA
Number 30-OP54152-00-0

Worker
Name R. RUFFIN
Number LC61
Telephone (619) 401-6127
Address 220 SOUTH FIRST ST STE HHSA
EL CAJON CA 92019

(ADDRESSEE)

TAMERISHA NICHOLS

203 WILLIE JONES AVE
SAN DIEGO CA 92102-4879

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

THE DISCONTINUANCE OF YOUR CASH AID AND CASH BASED MEDI-CAL HAS BEEN RESCINDED EFFECTIVE JUL 01, 2004.

HERE'S WHY:

MT HOPE CEMETERY E-18652

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Miller			
	Bennett		X	Doucette		

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Michael Nichols

Interment Date: Tues 8/24 Time: 11:00

Div: 11 Sect: 2 Blk/Row: ____ Lot: 39 Gr: 12

Grave Laid out by: [illegible]

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8/23/04

E-18652

M

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	RENE	NICHOLS, JR.	06/01/1987	08/12/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	ANGELINA MERRITT - MOTHER 244 N. MOLLISON AVE. #129 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424	▶ [signature]	08/17/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/17/2004 R.MARTINEZ	2414222 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8-24-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREM. ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57919

Date: August 19, 2004

From: Angelia Merritt Address: 244 No. Mullison Ave #129 El Cajon

Five Hundred and 00 Dollars ($ 500.00)

in Part Payment of Interment of Michael Nichols

Div 11 Sec 2 Blk/Row Lot 39 Grave 12

Invoice No. E-181652

Acct. No.

W.O.

BALANCE DUE $ 144831

Pre-Need Lot [ ] At Need [X] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 94

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	15.69
of Lots	77184	
Opening/	100	413.00
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	50.00
Misc. Fees	77183	
Pre-Need	63033	~~15.69~~ pd.
Trust	77186	
Sales Tax	60101	21.31
	78390	
TOTAL PAID	$	500.00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57922

Date: 8/20, 20 04

From: R Jones Jr Address: 320 Wine Wood SD Ca 92114

Twenty Five Dollars ($ 25.00)

in part 1 Payment of At need SRVS for Michael Ni Chols.

Div 11 Sec 2 Blk/Row Lot 39 Grave 12

Invoice No. E-18652

Acct. No.

W.O.

BALANCE DUE $ part of R-57917

Pre-Need Lot | | At Need X | On Acct | |

Pre-need Trust | | Cash | | Check | X

1998

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pcrayford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	43 04
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	25 00
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	— — pc.
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	25 —

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57923

Date: Aug 20, 2004

From: Willie Powell Address: 1400 W. Warner Ave #46 Santa Ana CA 92704

One Hundred fifty and 00 Dollars ($ 150 —

in part Payment of Burial for Michael Michols

Div 11 Sec. Lot 39 Grave 12

Invoice No. E-18652

Acct. No.

W.O.

BALANCE DUE $ paid of f

Pre-Need Lot [ ] At Need [X] On Acct. [ ]

Pre-need Trust [ ] Cash [ ] Check [X] 1409

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

Copy

NLESS

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	150. —
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	150 —

ISSUED BY D Crawford

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57924

Date: 8/26, 2004

From: Statewide Seating Address: P.O. Box 99031, SD CA 92169

two Hundred and 00 Dollars ($ 200.00)

in part Payment of At need Srvs. for Michael Nichols

Div 11 Sec 2 Blk/Row ____ Lot 39 Grave 12

Invoice No. E-18652

Acct. No. ____

W.O. ____

BALANCE DUE $ 6-57917

Pre-Need Lot | | At Need | X | On Acct | |

Pre-need Trust | | Cash | | Check | X |

18635

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY P Gaugford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	171.00
Containers	77182	
	100	29.00
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	200.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

57925

Date: Aug 20, 20 04

From: Andrew Chapman Address: 524 Drew View Ln SD 92113

Dollars ($ 500 —)

in part Payment of Interment of Michael Nichols

Div 11 Sec 2 Blk/Row Lot 39 Grave 12

Invoice No. E 18652

Acct. No.

W.O.

BALANCE DUE 573.31

Pre-Need Lot [ ] At Need [✓] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [✓]

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	500	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	500	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57926

MOUNT HOPE CEMETERY

(619) 527-3400

Date: Aug 20, 20 84

From: Malissa Williams Address: 211 Lausanne Dr SD 92114

Dollars ($ 100 —)

in part Payment of Interment of Michael Nichols

Div 11 Sec 2 Blk/Row Lot 39 Grave 12

Invoice No. E 18652

Acct. No.

W.O.

BALANCE DUE 473.31

Pre-Need Lot | | At Need | ✓ On Acct | |

Pre-need Trust | | Cash | | Check | ✓

5832

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ron Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	100	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	—

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

57922

MOUNT HOPE CEMETERY
(619) 527-3400

Date: Aug 23, 20 04

From: Lena Chapman Address: 4237 Wilson Ave. SD 92116

Dollars ($ 100.00)

in part Payment of Interment of Michael Nichols

Div 11 Sec 2 Blk/Row 0 Lot 39 Grave 12

Invoice No. E18652

Acct. No.

W.O.

BALANCE DUE 373.31

Pre-Need Lot [ ] At Need [✓] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [✓] 1378

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hekel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	100	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

57931

Date: Aug 23 20 14

From: Lena Chapman Address: 4637 Wilson ave SD 92116

Dollars ($ 373.31)

in full Payment of Interment of Michael Nicholas

Div 11 Sec 2 Blk/Row 0 Lot 39 Grave 12

Invoice No. E 18652

Acct. No.

W.O.

BALANCE DUE —0—

Pre-Need Lot [ ] At Need [ ] On Acct [ ]

Pre-need Trust [ ] Cash [ ] Check [ ]

14066

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Pam Hope

CREDIT	67007	197	—
20% Sales Care	77184		
80% Sales	100	72	31
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	104	—
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	373	31

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

Intigent
AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-20-04

228136

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMUEL RIZK PA# 20050240 KJ

in a D.D. CRPPT (Type of Burial Container) Funeral, date, time THUR AUG 2, 511:30am

Church, Chapel, Graveside Delivery only ; Mayer Mortuary, Monica 281-7055

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 2B

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number	776.23
Balance due	—

PAID
SEP 21 2004
MOUNT HOPE CEMETERY

Carry Dated 8/31/04

P.A. IDA Comerford
1-858-694-3506
3987 fax

CK# 400635

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

Print Name

Address

City Zip Code

Telephone

Invoice # 404144

Acct. # 000952

Work Order # E 18653

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18653

42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SAMI	FRANCIS	RIZK	02/14/1962	08/10/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	SOUMAYA RISK - MOTHER 9056 KOONCE DR. SPRING VALLEY, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
MAYER MORTUARY, 2859 ADAMS AVE., SAN DIEGO, CA 92116	FD-1424	▶ [illegible]	08/19/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/19/2004 R.MARTINEZ	2414397 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 5300 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 8/26/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED 4141 44	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PLEASE ADDRESS CORRESPONDENCE REGARDING THIS PAYMENT

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 163 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CA 92101-2478
(619) 531-5321

WARRANT NO. 4120635

E-18653

AUTHORITY/PO	INVOICE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
BS 11/14/0	20050240	HHSA-AIS-PUBLIC ADMINISTRATOR	0.00	776.23
			0.00	776.23

Samuel Rife
Case # 20050240
Invoice # 404144
Acct # 000953
WO. 13-1B 2B

At Red

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Connie Marshall 214120

in a TS Vault (Type of Burial Container) Funeral, date, time Thurs. 8/26 11:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 29 Grave 10

Grave space & Care Fund	E - 2879	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 9098	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		
Paid receipt number		
Balance due		0

I hereby certify I am the X-wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Iwell Marshall
Print Name

X 5115 Yalin St
Address

X San Diego 92114
City Zip Code

X 619-264-5988
Telephone

Invoice # _____

Work Order # E 18654

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2/3/1982

DEED

E-18654

Nº 10795

OWNERSHIP AND INTERMENT PRIVILEGES

TO Inell Marshall for the sum of $ 365.00 (DOLLARS)

LEGAL DESCRIPTION Lot 29, Grave 10, Section 2, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-2879

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only

Robert M. Sutter
Cemetery Manager

Martin Bulman
Property Director

MT HOPE CEMETERY E-18654

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Bonner	Debord			
	Alfred	Marshal	X		Burson	
		Freman	Watts		Dapper	

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Connie Marshall

Interment Date: Thurs 8/26 Time: 11:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 29 Gr: 10

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kim F. Jumper Date: ____

E-78654 78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CONNIE	J	MARSHALL	04/15/1926	08/20/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	CAROLYN CHAMBERS-DAUGHTER 23841 HYACINTH DR. MURRIETA, CA. 92562

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ [signature]	08/23/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/23/2004 K JONES	2414565 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8/26/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Curtis Smith Jr. 228162

In a Liner (Type of Burial Container) Funeral, date, time Thurs Sept. 2 1:00

Church, Chapel, Graveside CA Burial : El Cajon 274-3272 Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row _____ Lot 122 PC Grave 9 PC

PAID

AUG 3 1 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	165.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57957	1833.20
Balance due	0

MARTIN MORT. TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

PC

Print Name

Address

City Zip Code

Telephone

See fax copy for signature

Signature

Paulette

Invoice #

Work Order # E 18655

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Deed

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Curtis Smith Jr.

in a Liner (Type of Burial Container) Funeral, date, time Thurs Sept. 2

Church, Chapel, Graveside _____ ; CA Burial Mortuary

El Cajon 234-3272

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot ~~173~~ 122 Grave ~~5~~ 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20

MARTIN MORT. TO PAY

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature]
Signature

[signature]
Name

5880 El Cajon Blvd
Address

San Diego 92115
City Zip Code

619-234-3272
Telephone

Paulette

Work Order # E 18655

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18655

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Green		
	Decatur		X			Bryson
				Otis		

Blind Check Initiated By: Paulette Date: 8/9/1

Interment space for: Johnny Curtis Smith Jr.

Interment Date: 9/2 Time: ? 1:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: ~~173~~ 122 Gr: ~~5~~ 9

Grave Laid out by: Norman Ferguson PC.

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 9/1/04

E-18655

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNIE	CURTIS	SMITH	07/24/1969	08/21/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY LEAKS--MOTHER 1505 NORWOOD ST. TOLEDO, OH 43607

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO CA 92115	FD-1357	▶ Victoria Mitchell	08/26/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/26/2004 V MITCHELL	▶ 2414778

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9/8/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Gentemann	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-25-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBERT BURSEY 228141

in a LINER (Type of Burial Container) Funeral, date, time FRIDAY Aug. 27th 1:00

Church, Chapel, Graveside CA BURIAL CLAUDETTE ; Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 69 Grave 6

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
GALV. Flower vases – Marker setting fee	163.85
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1997.05
Paid receipt number R5741	1997.05
Balance due	0

PAID

AUG 25 2004

MOUNT HOPE CEMETERY

FAX 229-2747 MORTUARY TO PAY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

X Print Name _____

X Address _____

X City _____ Zip Code

X Telephone _____

Paulette

Work Order # E 18656

Invoice # _____

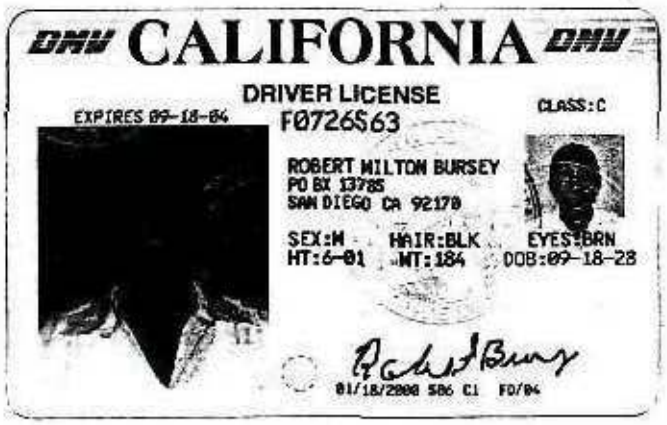
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18656



DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 09-18-04

F0726563

CLASS:C

ROBERT WILTON BURSEY
PO BX 13785
SAN DIEGO CA 92170

SEX:M HAIR:BLK EYES:BRN
HT:6-01 WT:184 DOB:09-18-28

01/18/2000 586 C1 FD/04

MT HOPE CEMETERY E 18656

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Smith	Prewitt	Bursey		
	Cooper		X	Brown		
			Anderson			

Blind Check Initiated By: Paulette Date: 8-24

Interment space for: Robert Bursey

Interment Date: 8-27-04 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 69 Gr: 6

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/26/04

E- 18656

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	M.	BURSEY	09/18/1928	08/18/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VERNELL BURSEY-DAUGHTER 5776 CUMBERLAND STREET SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA BURIAL CHAPEL 2200 HIGHLAND AVE. NATIONAL CITY, CALIFORNIA 91950	FD-1689	▶ Claudette Russ	08/23/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/25/2004 C. RUSS	▶ 2414645

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA 92102	11B. DATE BURIED 8/27/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M. Pendermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
Total of 12 charges

Date 8/24/04

228147

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lena Alice Lackey Wilder

in a D.D. CRYPT(A) (Type of Burial Container) Funeral, date, time Mon Aug. 30th 10:00

Church, Chapel, Graveside _____ : Rogsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 112 Grave 11

Grave space & Care Fund	E-10432	Ø
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	2@ 413.00	836.00
Burial Container		418.00
Handling Fees		352.00
Flower vases – Marker setting fee		138.00
Recording/Filing/Transfer Fees	2@ 50.00	100.00
Sales taxes		32.40
	Total Due	1876.40
	Credit Card Number Master Card	1876.40
	Balance due	Ø

PAID
AUG 24 2004
MOUNT HOPE CEMETERY

I hereby certify I am the husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Billy C. Wilder
Signature

Billy C. Wilder
Print Name

P.O. Box 152202
Address

San Diego CA 92195
City Zip Code

(619) 264-9359
Telephone

Paulette

Work Order # E 18657

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18651

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 10-08-04 A0322255 CLASS:C

LENA ALICE LACKEY
3743 LOGAN AVE
SAN DIEGO CA 92113

SEX:F HAIR:BRN EYES:BRN
HT:5-01 WT:165 DOB:10-08-48

10/14/1999 586 24 FD/84

MT HOPE CEMETERY E 18657

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Hatcher			
	Miller	Mallory	X	Wilder	Marshall	
			Hawkins			

Blind Check Initiated By: Paulette Date: 8/26/04

Interment space for: Lena A Lackey-Wilder (A)

Interment Date: 8/30/04 Mon Time: 10:00 Church

Div: 11 Sect: 1 Blk/Row: ____ Lot: 112 Gr: 11

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 8/26/04

E 18657

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lena	Alice	Lackey-Wilder	10/08/1941	08/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sun City	Riverside	Billy C. Wilder, Hudband 27717 Moonridge Drive Sun City, CA 92585

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Blair Campbell

8B. DATE SIGNED: 08/24/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	09/27/2004	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Dept. of Vital Records, P.O. Box 7600, Riverside, CA 92513	Vital Records, P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [x] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8/30/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kenneth Collins	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8/25/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alicia Palacios

in a LTD Vault (Type of Burial Container) Funeral, date, time ~~Fri. Aug. 27th~~ Sept 3 CA BURIAL

Church, Chapel, Graveside ~~Guadalupana~~ David Mortuary 11:00

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 103 Grave 7

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Due	1948.31
Paid receipt number	
Balance due	

Fax to David 544-9334 MUST TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I/ hold under deed.

Signature _____

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Paulette

Invoice # _____

Work Order # E 18658

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 25 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Parks 228143

in a liner (Type of Burial Container) Funeral, date, time Fri 8/27 1:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $165 will be applied and billed to undersigned.

Division 12 Section 1 Blk/Row Lot 173 Grave 5

Grave space & Care Fund	985
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413
Burial Container	209
Handling Fees	160
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R57939	1833.20
Balance due	0

PAID

AUG 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Henry Parks
Signature

X Henry Parks
Print Name

X 344 Los Alamos Dr.
Address

X San Diego 92114
City Zip Code

X (619) 262-5486
Telephone

Work Order # E 18659

Invoice #

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18659

The SCOOTER Store.
P.O. Box 310540
New Braunfels, Texas 78131-9906

PRESORT STD
U.S. POSTAGE
PAID
Permit No.5634
PHILADELPHIA, PA

5780080 3380PGO
RICHARD PARKS
657 KIRTRIGHT ST.
SAN DIEGO CA 92114-6726

MT HOPE CEMETERY E 18659

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Major	taylor		
	Castro	Hall	X			
	Garcia					

Blind Check Initiated By: Pam Date: 8/25

Interment space for: Richard Parks

Interment Date: Fri 8/27 Time: 1:00

Div: 12 Sect: 1 Blk/Row: ~~173~~ Lot: 173 Gr: 5

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth [illegible] Date: 8/26/04

E-18659 51

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Richard	Wayne	Parks	07/17/1953	08/22/2004	M

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Henry Parks, Father, 344 Los Alamos Drive, San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1329

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 08/24/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: 13.00

9B. DATE PERMIT ISSUED: 08/26/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: B. Campbell ▶ 2414818

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: Vital Records, P.O. Box 85222, San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery; 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED: 8-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Atud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 25 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christopher Terrell 228152

in a DD 1st (Type of Burial Container) Funeral, date, time Tues 8/31 1:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 59 Grave 9

Grave space & Care Fund	85 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	418 —
Handling Fees	352
Flower vases – Marker setting fee	
Recording/Filing/Tran[illegible]	50 —
Sales taxes	32.40
Total Due	2250.40
Paid receipt number m/c	2250.40
Balance due	0

PAID

AUG 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the (MOTHER) Margaret Terrell of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Margaret Terrell
Signature

Print Name: MARGARET TERRELL
Address: 272 REXVIEW DR.
City: SAN DIEGO Zip Code: 92114
Telephone: (619) 264-7082

Invoice # _____

Work Order # E 18660

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18660

SHARP.
HEALTHCARE

4000 RUFFIN ROAD, SUITE A SAN DIEGO, CA 92123

301 84920 399060
CHRISTOPHER D TERRELL
272 REXVIEW DR

SAN DIEGO CA 92114

FIRST-CLASS MAIL

MT HOPE CEMETERY C-18660

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Jones			Glover		
			X		Fred	
			Wilson			

Blind Check Initiated By: Pam Date: 8/25

Interment space for: Christopher Sorrell

Interment Date: Tues 8/31 Time: 1:00

Div: 12 Sect: 1 Blk/Row: Lot: 59 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: Kenneth Collins 8/30/04 KC Date: 8/30/04

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-18660

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
09-07-2004	E-18660

TO: Margaret Terrell
272 Rexview Dr
San Diego CA 92114

DESCRIPTION OF CHARGE	AMOUNT
Late arrival fee for Christopher Terrell service on Tuesday August 31st, 2004. Arrival time was 3:18 Due 10 days from receipt of notice.	
Total	$165.00

E-18660

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Christopher	Dénielle	Terrell	07/23/1971	08/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	SanDBiego	Margaret Terrell, Mother 272 Rexview Drive San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	08/25/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	08/25/2004 B. Campbell ▶	2414701

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-31-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8-25-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alicia Palacios 228164

in a PC ~~Liner~~ TS. Vault Funeral, date, time Friday Sept 3 11:00

Type of Burial Container

Church, Chapel, Graveside _____ : CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot ~~1079~~ 1084 PC Grave 1

Grave space & Care Fund	1095.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	21.31
Total Cost	2058.31
Paid receipt number R-57942	2058.31
Balance due	Ø

PAID

AUG 25 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

[signature] Res

Signature

Paulette

David Garcia

Print Name

3445 Kearny Villa LN.

Address

San Diego CA. 92123

City Zip Code

cell (619)504-5566

Telephone

619) 850-3457

Invoice # _____

Work Order # E 18661

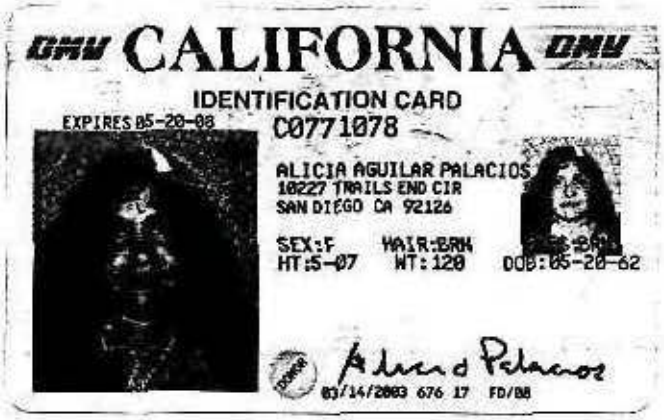
Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18661



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 05-20-08

C0771078

ALICIA AGUILAR PALACIOS
10227 TRAILS END CIR
SAN DIEGO CA 92126

SEX:F HAIR:BRN
HT:5-07 WT:120 DOB:05-20-62

Alicia Palacios

03/14/2003 676 17 FD/08

MT HOPE CEMETERY E-18661

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Reaves			
		Erwin	x	Glenn Robinson		
	? L	Ferguson		Clark		

Blind Check Initiated By: Paulette Date: 9-1

Interment space for: Alicia Palacios

Interment Date: 9-3-04 Time: 11:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: ~~[illegible]~~ 1084 PC Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: David Noriega Date: 9-1-04

E 18661

42

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALICIA	-	AGUILAR-PALACIOS	05/20/1962	08/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FERNANDO PALACIOS-FATHER 10227 TRAILS END CIRCLE SAN DIEGO,CA.92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MORTUARY,2601 IMPERIAL AVE. SAN DIEGO,CA.92102	FD-1425	Selene Chavez	08/25/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/25/2004	SELENE CHAVEZ 2414680

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO,CA.92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST. SAN DIEGO,CA.92102	11B. DATE BURIED 9-3-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 25, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria G. Martinez 228127

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 159 Grave 10

Grave space & Care Fund	985 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	
Sales taxes	
Total Due	985 —
Paid receipt number Visa	246 —
Balance due	739 —

PAID
DEC 07 2005
MOUNT HOPE CEMETERY

Balance 0

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Maria Martinez
Print Name
X 3620 GAYLE ST
Address
X SAN DIEGO CA 92115
City Zip Code
X (619) 2298568
Telephone

Invoice # _____

Work Order # E 18662

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18662

DMV CALIFORNIA DMV

DRIVER LICENSE

CLASS:C

EXPIRES 12-15-04

C0388539

MARIA GUADALUPE MARTINEZ
3620 GAYLE
SAN DIEGO CA 92115

SEX:F HAIR:BRN EYES:BRN
HT:5-01 WT:155 DOB:12-15-60

10/27/1999 613 39 FD/04

pin # 228127

wk# 619 336-4141
Leo Martinez

E-18662

MARTINEZ, MARIA G. 3620 Gayle St SD 92115 (619)229-8568
Div 12 Sec 2 Lot 159 Gr 10

			DEBIT	CREDIT	B
08-[illegible]-2004 Opened pre-need lot w/ 25% down			985.00		
by Visa				246.00	739.00
9-22-04	R 58041	#1		62.00	677.00
10-25-04	R 58164	2		62.00	615.00
12-17-04	58335	3		93.00	522.—
2-9-05	58503	4		62.—	460.—
4-1-05	58699	5 & 6		93.00	367.—
5-18-05	58858	Coupon # 6		93.00	274.00
7-8-05	59042	" 7		93.00	181.00
9-16-05	59194	Coupon # 8		100.—	81.—
12-7-05	59480			81.00	0

PAID

DEC 07 2005

MOUNT HOPE CEMETERY

R-59480
R-59480

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 12-7-05, 20 05

From: Maria Martinez Address: 3620 Gayle ST SD 92115

Eighty-one dollars 00/100 Dollars ($ 81.00)

in Full Payment of Pre-Need LOT only (pd IN Full)

Lot 159 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. E-18662

Acct. No. ____

W.O. ____

BALANCE DUE 0

pd IN Full FOR LOT ONLY

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐

0128

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

DEC 0 7 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	81	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	81	00

Maria G. Martinez
3620 Gayle St.
San Diego, CA 92115

16-49/1220
EZShield Fraud Protection

0128

Date 12-7-05

Pay to the Order of Mount Hope Cemetery $ 81 00/100

eighty one 00/100 Dollars

Security Features Included. Details on Back.

UNION BANK OF CALIFORNIA
COLLEGE CENTER #11
8010 EL CAJON BOULEVARD
SAN DIEGO, CA 92115
800-238-4486

Memo

Maria Martinez

⑆122000496⑆ 0111924288⑈ 0128

Age of Insurance 92150 ©2004 The Styles Check Company 1-800-366-0363 www.stylescheck.com ©Steve Hooks. All Rights Reserved.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58858

Date: 5-18-05, 2005

From: Maria Martinez Address: 3620 Gayle ST S.D.

Nine - three dollars 00/100 Dollars ($ 93.00)

in Part Payment of PRE-Need Maria Martinez, LOT

Div 12 Sec 2 Blk/Row Lot 159 Grave 10

Invoice No. E-18662

Acct. No.

W.O.

BALANCE DUE $ 277.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 4-04) #114

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAY 18 2005

MOUNT HOPE CEMETERY

ISSUED BY Sandra

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	93	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	93	00

Mt Hope Cemetery
3751 Market Street
San Diego, CA 92102

Payment Coupon

Account Number: E-18662

Maria Martinez
3620 Gayle St
San Diego, CA 92115

Payment Number:	6	**Payment Due Date:**	02/25/2005
Payment Amount:	31.00	**Amount Enclosed:**	
Payment after 03/07/2005:	31.00		
Bal. After This Payment:	553.00	*For answers to billing questions, please call 619-527-3400. Thank you.*	
Payments Remaining:	18		

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adrian A. ACOSTA 228/57

in a Liner (Type of Burial Container) Funeral, date, time Wed 9/1 12:00

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Janette

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 60 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number	R 57955 1833.20
Balance due	0

PAID

AUG 30 2004

MOUNT HOPE CEMETERY

Fax 286-2674 MORT. TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

R

Signature

Paulette / Pam

Work Order # E 18663

Print Name

Address

City Zip Code

Telephone

See attached

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED

Date 8/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adrian A. ACOSTA

In a Liner (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; CA BURIAL Janette Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 60 Grave 3

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number	
Balance due	

Fax 286-2674 MORT. TO PAY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Martin Hernandez
Print Name
3093 Vancouver av
Address
San Diego ca 92104
City Zip Code
(619) 436-1086
Telephone

Paulette

Work Order # E 18663

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

© Printed on recycled paper

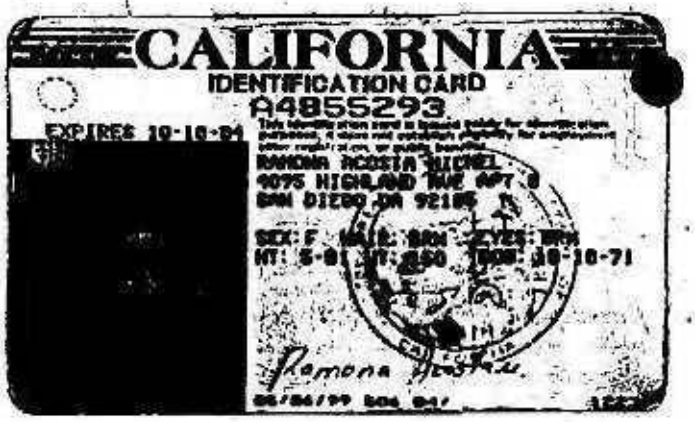
Mortuary will bring CHK. on Monday Afternoon.

Service Wed. 9:00 AM. MASS

9/01/2004

527-3400

E 18663


CALIFORNIA
IDENTIFICATION CARD
A4855293
EXPIRES 10-10-94
RAMONA ACOSTA MICHEL
9075 HIGHLAND AVE APT 8
SAN DIEGO CA 92105
SEX: F HAIR: BRN EYES: BRN
HT: 5-01 WT: 150 DOB: 10-10-71
Ramona Acosta

MT HOPE CEMETERY E-18663

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Long	Wehrenz			
	Johnson		X		Mercer	
				Gallego		

Blind Check Initiated By: Pam Date: 8/30

Interment space for: Adrian Acosta

Interment Date: Wed 9/1 Time: 12:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 60 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/31/08

E - 18663

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ADRIAN	ALEJANDRO	ACOSTA	02/28/1987	08/24/2004	M

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: RAMONA ACOSTA-MOTHER 3090 VANCOUVER ST. SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 08/26/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 08/26/2004 J.BENYARD

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 2414824

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA: VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 9/1/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ M. Pinstermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE: –	15B. DATE OF DISPOSITION	15C SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

AT NEED

City of San Diego

Date 8/26/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Marchese ⊗ 214041

in a ASH VAULT (Type of Burial Container) Funeral, date, time Mon 8/30 12:30

Church, Chapel Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 999 Grave 1

Grave space & Care Fund	E-10405 / E-10404	0
Overtime/Late Arrival Fees		—
Opening/Closing & Setup	" "	
Burial Container	"	
Handling Fees	" "	
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees	" "	
Sales taxes	" "	
Total Due		0
Paid receipt number		—
Balance due		0

I hereby certify I am the X Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X J.A. MARCHESE
Print Name

X 4469-60 Th
Address

X San Diego Ca 92115
City Zip Code

X 619-582 8822
Telephone

Paulette / Pam

Work Order # E 18664

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18664

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Smith		Bringar			
		Walden	x	Saladin	Bartell	
		Smith	Reid	Whittle		

Blind Check Initiated By: Pam Date: 8/27

Interment space for: Mabel Marchese ⊗

Interment Date: Mon 8/30 Time: 12:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 999 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [signature] Date: ____

E 18664 90

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MABEL	LEE	MARCHESE	09/02/1913	08/26/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JOSEPH A. MARCHESE - HUSBAND 4469 60TH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Nia Good	8B. DATE SIGNED 08/27/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID $13.00	9B. DATE PERMIT ISSUED NIA GOOD 08/27/2004	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 2414848 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8-30-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 08-29-2004	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Ad
Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 27, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Terri Stone-Dixon ⊗ 228150

In a Ash vault (Type of Burial Container) Funeral, date, time Tues. 8/31 1:00

Church, Chapel, Graveside Witness ; family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 1 Blk/Row _____ Lot 1521 Grave 1

Grave space & Care Fund ..... C-0053 ~~0~~

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... 154 –

Burial Container ..... 81 –

Handling Fees ..... 88 –

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 66 –

Sales taxes 6.28

Total Due 395.28

Paid receipt number mc 395.28

Balance due ~~0~~

PAID
AUG 27 2004
MOUNT HOPE CEMETERY

I hereby certify I am the x Ex - Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pan

x Kevin Stone (Print Name)
x 855 North First st (Address)
x El cajon 92021 (City, Zip Code)
x (619) 593-4106 (Telephone)

Invoice # _____

Work Order # E 18665

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18665

August 26, 2004

Mt. Hope Cemetery
3751 Market Street
San Diego California
Telephone # 619-527-3400

FAX #619-527-3403

To Whom It May Concern:

This is too inform you that my son, Kevin R. Stone has my permission to place Terry Ann (Dixon) Stone into the gravesight with Timothy Stone.

This plot is in my possession now and I am the daughter and next of kin of my mother, Nellie Grace (Price) Barbe, who was deceased on July 2, 2001 and who originally owned the Plot.

If any further information is needed, please contact me at telephone # 619 -745-4577 in Hot Springs, South Dakota.

Donna J. (Barbe) Stone Donna J. Stone
RR1, Box 193D
Hot Springs, S D. 57747

W/ TM

MT HOPE CEMETERY E-18665

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Rousseau	Schwar	Schwar		
	Grainger	Grainger	X	Barbe	Price	
		Byrne	Montgomery			

Blind Check Initiated By: Pam Date: 8/27

Interment space for: Terri Stone - Dixon

Interment Date: Tues 8/31 Time: 1:00

Div: 8 Sect: 1 Blk/Row: ____ Lot: 1521 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/31/04

E-18665

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TERRI	ANN	STONE	02/20/1968	08/22/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	KEVIN STONE-SON 855 N. FIRST STREET EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	08/27/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		13.00	08/27/2004 VENITA FLOYD	2414839 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8-31-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 30, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clark Kirsch 228154

in a DD 1st (Type of Burial Container) Funeral, date, time Tues 8/31 1:30

Church, Chapel, Graveside : Featherings Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 173 Grave 7

Grave space & Care Fund	1310 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549 –
Burial Container	556 –
Handling Fees	468 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 –
Sales taxes	43.09
Total Due	2992.09
Paid receipt number 57954	2992.09
Balance due	0

PAID

AUG 30 2004

MOUNT HOPE CEMETERY

I hereby certify I am the brother X Robert C. Kirsch of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X ROBERT C. KIRSCH
Print Name

X 469 CHERRY AVE
Address

IMPERIAL BEACH 91932
City Zip Code

X 619-423-9804
Telephone

Invoice # _____

Work Order # E 18666

Acct. # _____

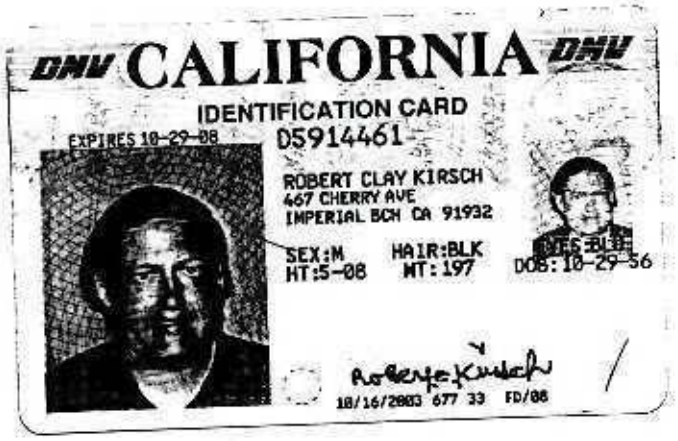
REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18666

brother of Clark Resided w/



DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 10-29-08 D5914461

ROBERT CLAY KIRSCH
467 CHERRY AVE
IMPERIAL BCH CA 91932

SEX:M HAIR:BLK
HT:5-08 WT:197 DOB:10-29-56

Robert Kirsch

10/16/2003 677 33 FD/08

MT HOPE CEMETERY E-18666

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Schauer McGee				
	Fennix		x	Flores	Garcia	
		Free				

Blind Check Initiated By: Pam Date: 8/30

Interment space for: Clark Kirsch

Interment Date: Sun 8/30 Time: 1:30

Div: 12 Sect: 1 Blk/Row: ____ Lot: 173 Gr: 7

Grave Laid out by: Norma Feyman

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

flag on grave

Blind Check & Verified By: [signature] Date: 8/29/09

E-18666

45

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clark	K.	Kirsch	06/26/1959	08/26/2004	M

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Robert Kirsch (Brother)
467 Cherry Ave.
Imperial Beach, CA 91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Featheringill Mortuary: 6322 El Cajon Blvd.
San Diego, CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1083

8A. SIGNATURE OF APPLICANT—Person taking permit: M. Dominguez

8B. DATE SIGNED: 08/27/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: 13.00

9B. DATE PERMIT ISSUED: 08/30/2004
M. Dominguez

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 2414896

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
P.O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102	11B. DATE BURIED: 8 31 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: Ken F James	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

In grave of [redacted]
Emma Lawson
Hubert, Calvin
At Deed
TOTAL OF 16 OHAIRS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/31/04

228160

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of OMA I. ARMSTRONG

in a ASH VAULT (Type of Burial Container) Funeral, date, time THURS SEPT 2 11:00

Church, Chapel, (Graveside) : FAMILY Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row ____ Lot 99 Grave 7

Grave space & Care Fund C-5937	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number Visa Card	297.73
Balance due	Ø

PAID
AUG 3 1 2004
MOUNT HOPE CEMETERY

I hereby certify I am the daughter ~~Linda S. Morrison~~ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Linda S. Morrison
Signature

Linda S. MORRISON
Print Name

4585 Diane Way
Address

SAN Diego CA 92117
City Zip Code

858 275 3347
Telephone

Paulette

Work Order # E 18667

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

LAW OFFICES OF
JAMES M. PROVENCHER

5190 GOVERNOR DRIVE • SUITE 208 • SAN DIEGO, CA 92122-2849
(858) 552-2590 • FAX (858) 453-1799

E-18667

November 30, 2001

Ms. Oma Armstrong
4585 Diane Way
San Diego, CA 92117

Dear Ms. Armstrong:

I'm sorry it has taken me so long to get these documents to you. We were waiting for our binders to be reordered and they finally arrived.

Enclosed please find the original and one copy of the following documents: Will; Directive to Physician; Durable Power of Attorney; and Statutory Power of Attorney; The originals are in the white envelope and should be kept in a safe location. The copies in the binder are for your convenience.

Under no circumstances should you make changes to the original documents. If you need to make changes, please call me.

It has been my pleasure to work with you.

Sincerely,

James M. Provencher

Enclosures

MT HOPE CEMETERY E 18667

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space. In the grave of Emma J. Larson & Calvin Hubert

			Anderson			
		Goodwin	X	Kary		
			Bradshaw			

Blind Check Initiated By: Paulette Date: 8/31

Interment space for: Oma I ARMSTRONG ♀ PLACED IN MIDDLE OF GROVE

Interment Date: 9-2-04 Time: 11:00 GS.

Div: 7 Sect: 2 Blk/Row: ____ Lot: 99 Gr: 7

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag

Blind Check & Verified By: David Morris Date: 9-1-04

E-18667

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ona	Irene	Armstrong	02/02/1912	08/30/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Corona	Riverside	Linda Sue Morrison- Daughter 4585 Diane Way San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Thomas Miller Mortuary 1118 E. Sixth St.,Corona, CA 92879	FD 66	▶	

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/31/2004	▶ 144057 / (CN)

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Riverside Co. Health Dept. P.O.Box 7600, Riverside,CA 92513	San Diego Co. Health Dept. P.O.Box 85222,San Diego , CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.,San Diego,CA 92102	11B. DATE BURIED 9-2-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Macera Crematorium [illegible]0 N. Fuller St.,Santa Ana,CA92701	12B. DATE CREMATED 8/31/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED Total of 16

Date 9-1-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gema Granados Vasquez 228168

in a O-Liner (Type of Casket/Container) Funeral, date, time FRI. SEPT. 3 1:00

Church, Chapel, Graveside : AZTLAN Mortuary, John

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 1542 Grave 1

Grave space & Care Fund	110.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	158.00
Burial Container 28L" x 14W"	77.00
Handling Fees	28.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	5.97
Due	408.97
Paid receipt number	408.97
Balance due	0

PAID

SEP 0 1 2004

MOUNT HOPE CEMETERY

234-3307

7-747760603 + 614

2) Money ORDERS

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Pedro Granados L.
Signature

x Pedro Granados L.
Print Name

6793 Mezin WAY
Address

San Diego CA 92114
City Zip Code

(619) 264-0621
Telephone

PC

Paulette

Work Order # E 18668

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18668

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
Oliver		Lashlee	Lashlee			

Blind Check Initiated By: Paulette Date: 9-1

Interment space for: Gema Granados Vasquez

Interment Date: Friday 9/1 Time: 1:00?

Div: 9 Sect: 1 Blk/Row: ____ Lot: 1542 Gr: 1

Grave Laid out by: Norman Ferg

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No Flag

Blind Check & Verified By: Kenneth Collins Date: 9/2/04

E-18668

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gema	-	Granados Vasquez	08/29/2004	08/29/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Pedro Granados Lopez-Father 6793 Mezin Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	▶ Leah C Mata	09/01/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 09/01/2004	▶ 2415106

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-3-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Sept 1, 04

228174

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gordon Anderson ⊗

in a Ash vault (Type of Burial Container) Funeral, date, time Wed 9/8 ~~AM~~

~~Church, Chapel, Graveside~~ Del only ; Family Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 953 Grave 1

Grave space & Care Fund D 487	-0-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	154.-
Burial Container	81.-
Handling Fees	88.-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66.-
Sales taxes	6.28
Total Due	395.28
Paid receipt number R 57966	395.28
Balance due	-0-

PAID

SEP 0 1 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam NB PH

Print Name: Syndee D'Spain

Address: 20680 B Japatul Rd

City: Alpine, CA Zip Code: 91901

Telephone: 619-445-9161

Invoice # _____

Acct. # _____

Work Order # E 18669

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Whelcas

MT HOPE CEMETERY E-18669

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Belmfortt			
		Kish	x	Gunkin		

Blind Check Initiated By: Pam Date: 9/3

Interment space for: Gordon Anderson ⊗

Interment Date: Wed 9/8 Time: 1:00

Div: 10 Sect: ____ Blk/Row: ____ Lot: 953 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 9/7/24

E-18669

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GORDON	L.	ANDERSON	03/18/1928	08/21/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	SYDNEY D'SPAIN - DTR 20680 JAPATUL RD ALPINE, CA 91901

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
GREENWOOD MORTUARY - I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD 843

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
		Nia Good	09/02/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	NIA GOOD 09/03/2004	2415258 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186 5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY - 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1 0 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT NEED Total of 16 Chairs

Date 8-20-04

228145 M7

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DANIEL BARBOUR Monday 8/30/04

in a LINER (Type of Burial Container) Funeral, date, time ~~TUES. AUG 24 11:00~~ 12:30 PM

Church, Chapel, Graveside Delivery only : CA BURIAL Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 59 Grave 10

Grave space & Care Fund	985
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number (2) MC's	916.60
	916.60
Balance due	916.60

PAID

AUG 20 2004

MOUNT HOPE CEMETERY

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Thelma L. Shorter
Signature

Thelma L. Shorter
Print Name

5939 Ashford St.
Address

San Diego CA 92111
City Zip Code

858-560-1159
Telephone

Charlotte

Work Order # E 18670

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18670

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME	2. SEX	3. SOCIAL SECURITY NUMBER	4. DATE OF BIRTH	YEAR	MONTH	DAY
BARBOUR DANIEL JR	M	207 28 2697		37	DEC	12

5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS	6a. GRADE, RATE OR RANK	b. PAY GRADE	7. DATE OF RANK	YEAR	MONTH	DAY
AIR FORCE REG AF	SSGT	E-5		68	JUN	01

9a. SELECTIVE SERVICE NUMBER	b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE	c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code)
NA	NA	121 Bertram Street Bentleyville, WA

9a. TYPE OF SEPARATION	b. STATION OR INSTALLATION AT WHICH EFFECTED
DISCHARGE	GRISSOM AFB, IN

c. AUTHORITY AND REASON	d. EFFECTIVE DATE	YEAR	MONTH	DAY
DoD Discharge Review Program (Special) SPD: KCR		70	OCT	23

e. CHARACTER OF SERVICE	f. TYPE OF CERTIFICATE ISSUED	10. REENLISTMENT CODE
HONORABLE	DD FORM 256AF	RE-2

11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	12. COMMAND TO WHICH TRANSFERRED
USAF Hospital Grissom SAC	NA

13. TERMINAL DATE OF RESERVE/MSS OBLIGATION			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code)	15. DATE ENTERED ACTIVE DUTY THIS PERIOD		
YEAR	MONTH	DAY		YEAR	MONTH	DAY
NA			Grissom AFB, IN	69	MAY	19

16a. PRIMARY SPECIALTY NUMBER AND TITLE	b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER
90450 Medical Lab Specialist	UNKNOWN
17a. SECONDARY SPECIALTY NUMBER AND TITLE	**b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER**
NA	NA

18. RECORD OF SERVICE	YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD	01	00	27
(b) PRIOR ACTIVE SERVICE	07	00	2
(c) TOTAL ACTIVE SERVICE (a+b)	08	01	21
(d) PRIOR INACTIVE SERVICE	02	08	14
(e) TOTAL SERVICE FOR PAY (c+d)	10	10	05
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD	00	00	00

19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964

☐ YES ☒ NO

20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years)

SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 0 YRS

21. TIME LOST (Preceding Two Yrs)	22. DAYS ACCRUED LEAVE PAID	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE	24. DISABILITY SEVERANCE PAY	25. PERSONNEL SECURITY INVESTIGATION	
				a. TYPE	b. DATE COMPLETED
NO TIME LOST	11 DAYS	☒ $15,000 ☐ $5,000 ☐ $10,000 ☐ NONE	☒ NO ☐ YES AMOUNT	NAC	62 JUL 06

26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

NONE

27. REMARKS

BLOOD GROUP: B POS
SERVICE NUMBER: AF13671953

AFQT: Unknown
AQE: Mech 50, Admin 50, Gen 60, Elect 35.

28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code)	29. SIGNATURE OF PERSON BEING SEPARATED
Same as Item #8c	

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER	31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN
BILLY G. LEONARD, SMSgt, USAF Chief, Boards & Corrections Section	

MT HOPE CEMETERY E-18670

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Hamilton			Taylor	
			X		Huffman	
		Aubrand		HETH		

Blind Check Initiated By: Paulette Date: 8/20/04

Interment space for: DANIEL BARBOUR

Interment Date: 8-24-04 Time: 11:00

Div: 11 Sect: 1 Blk/Row: ____ Lot: 59 Gr: 10

Grave Laid out by: CHUCK WARREN

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8/23/04

E- 18 670

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DANIEL	E	BARBOUR	12/12/1937	08/15/2004	M

5A. CITY OF DEATH: NATIONAL CITY

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: THELMA SHORTER-SISTER
3939 ASHFORD STREET
SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
CALIFORNIA CREMATION & BURIAL
5880 EL CAJON BLVD. SAN DIEGO CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Victoria Mitchell

8B. DATE SIGNED: 08/25/2004

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 08/25/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ V MITCHELL 2414683

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-30-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust + marker installation

Date 8/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lor Gertrude C. Crown 207443

in a T.S. VAULT (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1085 Grave 1

Grave space & Care Fund	Θ
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	275.00
Handling Fees	204.00
Flower vases - Marker setting fee	138.00
Recording/Filing/Transfer Fee	50.00
Sales taxes	21.31
Total Due	1101.31
Paid receipt number R-51927	1101.31
Balance due	Ø

PAID
AUG 2 0 2004
MOUNT HOPE CEMETERY

I hereby certify I am the trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Stella Shul, trustee
Signature

Stella Shul
Print Name

P.O. Box 910522
Address

San Diego, CA. 92191
City Zip Code

(858) 794-0394
Telephone

Paulette

Work Order # E 18671

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 20, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Klinkee 211109

in a liner (Type of Burial Container) Funeral, date, time Wed 8/25 10:00

~~Church, Chapel, Graveside~~ del only ; P.B. Mort. Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division MASON Section G1 Blk/Row _____ Lot 5 1/2 Grave 2

Grave space & Care Fund	C 5867	0
Overtime/Late Arrival Fees		
Opening/Closing & Setup	E 15490	0
Burial Container		0
Handling Fees		0
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		0
Sales taxes		0
Total Due		
Paid receipt number		
Balance due		0

I hereby certify I am the X Friend POA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

X Deborah Svelmoe
Print Name

X 3561 Sterne St
Address

X San Diego CA 92106
City Zip Code

X 619-224-9239
Telephone

Invoice # _____

Work Order # E 18672

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FK 483 4965

MT HOPE CEMETERY E 18672

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

	Cousens					
	McDonald		x			

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Edna Klinkee

Interment Date: Wed 8/25 Time: 10:00

Div: MAS Sect: G Blk/Row: ____ Lot: 5½ Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

flag on grave

E-18672

(4)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EDNA	LENORE	KLINKEE	12/13/1909	08/18/2004	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DEBORAH SVELMOE - DPOA
3561 STERNE ST
SAN DIEGO CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
ECM PACIFIC BEACH CHAPEL
4710 CASS STC SAN DIEGO CA 92109

7B. CALIF LICENSE NUMBER —IF APPLICABLE: FD815

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶

8B. DATE SIGNED: 08/24/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 08/24/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: E.JORDAN 2414598 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS.... PO BOX 85222
SAN DIEGO CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 8-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mabel Muriel 228137

in a liner (Type of Burial Container) Funeral, date, time Fri 8/27 10:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 8 Grave 8

Grave space & Care Fund		985 -
Overtime/Late Arrival Fees		
Opening/Closing & Setup		413 -
Burial Container	11 - +	209 -
Handling Fees	14 - +	160 -
Flower vases, marker setting fee		138 -
Recording/Filing/Transfer Fees		50 -
Sales taxes		17.05
Total Due		1997.05
Paid receipt number	Visa	199205
Balance due		0

PAID

AUG 23 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Bettye Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Pam

X Bettye R. Hansett
Print Name
X 8585 Innsdale Lane
Address
X San Diego, Ca 92114
City Zip Code
X 619-479-2813
Telephone

Work Order # E 18673

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

FORE THOUGHT®

E-18673

July 13, 1998

Mrs. Mable L Muriel
4846 Logan Ave #101
San Diego, CA 92113

Re: Forethought Certificate Number 004734539

Dear Mrs. Muriel:

On behalf of Anderson-Ragsdale Mortuary and Forethought Life Insurance Company, thank you for enrolling in the Forethought Funeral Planning Program. You have joined the many thoughtful responsible individuals who have planned for the future, seeking peace of mind for themselves and their loved ones through the Forethought program. Your expressed wishes are recorded and the funding is in place for those services, regardless of future inflation on funeral prices.

These documents include your Certificate of Coverage which completes your requirement to purchase funding for your Funeral Planning Agreement. Please review these documents carefully and place them with your other funeral planning documents. You should advise family members of the location of these documents in the event of a future emergency.

We want to also thank you for selecting a quality Batesville casket.

Please contact Anderson-Ragsdale Mortuary if you have any questions concerning your prearranged funeral. They will be happy to assist you. You can receive up-to-date information on your coverage or current death benefit by using a touch tone phone and calling the 24 hour Consumer Information Line toll-free at 1-800-959-6886.

Again, thank you for the confidence placed in Anderson-Ragsdale Mortuary and Forethought Life. Together, we will do everything possible to continue to earn your trust.

Sincerely,

Fred W. Rockwood
President

FORETHOUGHT LIFE INSURANCE COMPANY
FORETHOUGHT CENTER
BATESVILLE, INDIANA 47006
812/934-7139

MT HOPE CEMETERY E 18673

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Bellman			
			X		Jackson	
			Brown			

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Mabel Muriel

Interment Date: Fri 8/27 Time: 10:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 8 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] F. Date: ____

Place on grave

E-18673

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mable	-	Muriel	12/13/1927	08/19/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bettye Hansett, POA and Friend 8585 Innsdale Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Plain Campbell	08/24/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	08/24/2004	2414594 B. Campbell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 8-27-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Karen F. Jones	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need trust/disinterment of Vernice to be DIP

Date 8/20/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Elbert Gray

in a T.S. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2908 Grave 1

Grave space & Care Fund pre need Disinterment		1100.00
Overtime/Late Arrival Fees		
Opening/Closing & Setup	297.-	~~413.00~~
Burial Container	214.-	~~275.00~~
Handling Fees	138-	~~204.00~~
Flower vases - Marker setting fee		138.00
Recording/Filing/Transfer Fees		Ø ~~50.00~~
Sales taxes	16.58	~~21.31~~
Total Due	1903.58	~~2201.31~~
Paid receipt number Paid by Visa		~~2201.31~~
Balance due		Ø 1903.58

PAID

AUG 2 0 2004 pd By Visa

MOUNT HOPE CEMETERY

- Credit of $297.73 for a pre-need cremation burial

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address

City Zip Code

Telephone

Pre waiver from Wallace are faith

Invoice # _____

Acct. # _____

Paulette

Work Order # E 18674

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

X-Fer

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elmus &/or Ruth Nelson

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 8 Section 3 Blk/Row _____ Lot 1943/1942 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 50 —

Sales taxes ..... _____

Total Due ..... 50 —

Paid receipt number K 57930 50 —

Balance due —0—

PAID from Lucy Fielding
AUG 23 2004
MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

POA

X FREDRIC E. ZARSE
Print Name POA FROM LUCY FIELDING
c/o CEMETERY SERVICES AGENCY
Address Po Box 2454
City ALPINE, CA 91903 Zip Code
Telephone 619-579-9456

Invoice # _____

Work Order # E 18675

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18675

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: August 23, 2004

I/We Fredric E. Zane { Power of Attorney from Lucy Fielding

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Elmus & for Ruth Nelson
Street Address: 7649 San Vincente st Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92114
Telephone #: (619) 464 3720

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 8 Section: " 3 " Blk / Row: " N/A "
Lot(s): 1942,1943 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 23 day August 2004

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS — Legal Owner / Reprehensive Signature

WITNESS — Legal Owner / Reprehensive Signature

Pamala Hetzel
CEMETERY REPREHENSIVE NAME — Cemetery Reprehensive Signature

POWER OF ATTORNEY

E-18675

KNOW ALL MEN BY THESE PRESENTS : That

Lucy Fielding

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Mount Hope Cemetery
Div 8 - Sec 3 - Graves 1942 + 1943

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

x Lucy L. Fielding

Signature Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of Hawaii County of Honolulu

On October 23, 2001 before me, the undersigned, a Notary Public in and for said State

personally appeared, Lucy Fielding

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

x Laurie A Yamashiro (SEAL)
Notary Public Signature
Laurie A Yamashiro
My Commission Expires : 10-8-05

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT ✓ Power Of Attorney
DATE OF DOCUMENT 10-23-01 NUMBER OF PAGES 1
SIGNER(S) OTHER THAN NAMED ABOVE none.

E-18675

STATE OF HAWAII
DEPARTMENT OF HEALTH
OFFICE OF HEALTH STATUS MONITORING

CERTIFICATE OF DEATH

STATE
FILE NO. 151

1. DECEASED — FIRST NAME: Edgar	MIDDLE NAME: Xavier	LAST NAME: Fielding	2. SEX: Male	3. DATE OF DEATH (MONTH, DAY, YEAR): August 27, 2001
4a. RACE: Caucasian 01	4b. IS PERSON OF SPANISH ORIGIN? 1 Puerto Rican 2 Mexican 3 Cuban 4 Central or South American 5 Other Spanish/Hispanic Origin NO: X	5a. AGE—LAST BIRTHDAY (Years): 96	5b. UNDER 1 YR: MOS. DAYS	5c. UNDER 1 DAY: HOURS MIN.
6. DATE OF BIRTH (MONTH, DAY, YEAR): June 3, 1905	7a. COUNTY OF DEATH: Honolulu			
7a-1. ISLAND OF DEATH: Oahu	7b. CITY, TOWN OR LOCATION OF DEATH: Kailua	7c. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Castle Medical Center	7d. IF HOSP. OR INST. INDICATE DOA, DIRECT, INP., INPATIENT (SPECIFY): Inpatient	
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY): New York	9. CITIZEN OF WHAT COUNTRY: U.S.A. 57	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME): Lucy L. Haulman	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No): NO
13. SOCIAL SECURITY NUMBER: 560-64-2495	14a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED): Mechanic, Retired 549	14b. KIND OF BUSINESS OR INDUSTRY: Federal Government 901	14c. EDUCATION (Specify highest grade completed): 6	
15a. RESIDENCE-STATE: Hawaii	15b. COUNTY: Honolulu	15c. CITY, TOWN OR LOCATION: Kaneohe	15d. INSIDE CITY LIMITS (SPECIFY YES OR NO): Yes	15e. NUMBER, STREET AND ZIP: 45-090 Namoku Street #1112 96744
16. FATHER — FIRST NAME: Edgar	MIDDLE NAME: Xavier	LAST NAME: Fielding Sr.	17. MOTHER — FIRST NAME: Mabel	MIDDLE NAME: — / MAIDEN NAME: Madden
18a. INFORMANT — NAME: Melvin Fielding	18b. MAILING ADDRESS (STREET OR P.O. BOX, CITY OR TOWN, STATE, ZIP): 45-090 Namoku Street #1112 Kaneohe, Hawaii 96744			
19a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation	19b. CEMETERY OR CREMATORY—NAME: Windward Crematory	19c. LOCATION:	CITY OR TOWN: Kaneohe, Hawaii	STATE
19d. DATE (MONTH, DAY, YEAR): September 5, 2001	19e. PERMIT NUMBER: 14425	20a. FUNERAL HOME—NAME: Hawaiian Memorial Park Mortuary	20b. FUNERAL DIRECTOR—SIGNATURE: Lawrence Miki	

To be completed by CERTIFYING PHYSICIAN ONLY

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items 21b through 27g where applicable)
(Signature and Title) ▶ Dan

21b. DATE SIGNED (MO., DAY, YR.): September 4, 2001
21c. TIME OF DEATH: 7:02 a.m. M
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

To be completed by MEDICAL EXAMINER or CORONER'S PHYSICIAN ONLY

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and circumstances stated and described below (Items 22b through 27g where applicable)
(Signature and Title) ▶

22b. DATE SIGNED (MO., DAY, YR.)
22c. TIME OF DEATH M
22d. PRONOUNCED DEAD (MO., DAY, YR.)
22e. PRONOUNCED DEAD (TIME) M

23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (TYPE OR PRINT): Dan Heslinga, M.D., 46-001 Kamehameha Highway #204 Kaneohe, Hawaii 96744

24a. REGISTRAR - SIGNATURE: T. Shima
24b. DATE RECEIVED BY LOCAL REGISTRAR: SEP - 5 2001
24c. DATE FILED BY STATE REGISTRAR: SEP - 5 2001

PART I. DEATH WAS CAUSED BY: ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

25. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

IMMEDIATE CAUSE (a) Pulmonary Embolism
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I(a)

26a. AUTOPSY (YES OR NO):
26b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH?

27a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)
27b. DATE OF INJURY (MONTH, DAY, YEAR)
27c. TIME OF INJURY
27d. DESCRIBE HOW INJURY OCCURRED
27e. INJURY AT WORK? (SPECIFY YES OR NO)
27f. PLACE OF INJURY- AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)
27g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

SEP 11 2001

I CERTIFY THIS IS A TRUE COPY OR ABSTRACT OF THE RECORD ON FILE IN THE HAWAII STATE DEPARTMENT OF HEALTH

Alvin T. Onaka, Ph.D.
STATE REGISTRAR

Robert Norm

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernice T. Gray 285413

in a _____ (Type of Burial Container) Funeral, date, time Thurs. Aug. 26 9:30

Church, Chapel, Graveside _____ : All Faiths Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2908 Grave 1

Grave space & Care Fund ..... D-7846 D

Overtime/Late Arrival Fees 1100

Opening/Closing & Setup ..... Disinterment

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording/Filing/Transfer Fees .....

Sales taxes .....

All Faiths 858 538-7484

Total Due ..... ~~1100~~ -

Paid receipt number CC ~~1100~~ -

Balance due 0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

208194

Print Name

Address

See attached

City Zip Code

Telephone

Signature

Paulette

Invoice # _____

Work Order # E 18676

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/23/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vernice T. Gray

in a _____ (Type of Burial Container) Funeral, date, time Thurs. Aug. 26 9:30

Church, Chapel, Graveside _____ : All Faiths Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 2908 Grave 1

Grave space & Care Fund ..... D-7846 Ø

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... _____

Sales taxes ..... _____

Disinterment

All Faiths 858 538-7484

Total Due ..... Ø

Paid receipt number _____ —

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

ELBERT GRAY JR Print Name

6530 ALTAR CT Address

619 582 8321 City Zip Code

Telephone

Paulette

Work Order # E 18676

Invoice # _____

Acct. # _____

This information is available in alternative formats upon request.

All Faiths
Mortuary and Crematory Services
FD-1733 Member CFDA
9840 Caminito Cuadro
San Diego, CA 92129
(858) 538-2158

THE CITY OF SAN DIEGO E-18676

LETTER OF APPROVAL FOR DISINTERMENT OF Vernice T. Gray

THE UNDERSIGNED HEREBY CERTIFY AND REPRESENT that they are the legal custodians of the remains of Vernice T. Gray and have the right to make this authorization, and that they are related to the decedent as indicated below. THE UNDERSIGNED FURTHER AGREE TO DEFEND, INDEMNIFY, PROTECT AND HOLD THE CITY OF SAN DIEGO AND ITS AGENTS, OFFICERS, AND EMPLOYEES HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS ASSERTED OR LIABILITY ESTABLISHED FOR DAMAGES OR INJURIES TO ANY PERSON OR PROPERTY, which arise from or are connected with and are caused or claimed to be caused by the disinterment of Vernice T. Gray and all expenses of investigating and defending against same; provided, however, that the undersigned's duty to indemnify and hold harmless shall not include any claims or liability arising from the established sole negligence or willful misconduct of the City of San Diego, its agents, officers, or employees.

The burial site for Vernice T. Gray is identified as: Vernice T. Gray

Lot 2908 Grave 1 Section Division 10

We acknowledge that we have been advised that the remains of Vernice T. Gray may not be present and/or intact.

SIGNATURE(S) 8-24-04 RELATION TO DECEASED

FDR-1512

WITNESSED BY

08/24/2004

DATE

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

MT HOPE CEMETERY E-18676

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

Disinterment

	Boyle	Harrington	X	Taylor	Ravicz	
		Van Ness	Russell			

Blind Check Initiated By: Burke Date: 8/23

Interment space for: Vernice Gray

Interment Date: 8-26-04 Time: 930

Div: 10 Sect: ____ Blk/Row: ____ Lot: 2908 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: [illegible] Date: ____

E-18676

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vernice	Marie	Gray	06/17/1927	01/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elbert Gray-Husband 6530 Altair Ct. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person who files permit	8B. DATE SIGNED
All Faiths Mortuary and Crematory SVS. 9840 Caminito Cuadro, San Diego, CA 92129	FD-1733	▶ [signature]	08/23/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/23/2004	▶ Nancy L Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 18676

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vernice	Marie	Gray	06/17/1927	01/11/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elbert Gray-Husband 6530 Altair Ct. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person [illegible] permit	8B. DATE SIGNED
All Faiths Mortuary and Crematory SVS. 9840 Caminito Cuadro, San Diego, CA 92129	FD-1733	▶ Dallas L. Hall	08/23/2004

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/23/2004	▶ Nancy L. Bowen MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8-26-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Baptist 228135

in a DD 1st (Type of Burial Container) Funeral, date, time Thurs 8/26 1:00

Church, Chapel, Graveside ; Artlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ 165-00

will be applied and billed to undersigned.

Division 12 Section 2 Blk/Row Lot 47 Grave 12

Grave space & Care Fund	988-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413-
Burial Container	418-
Handling Fees	352-
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50-
Sales taxes	32.40
Total Due	2250.40
Paid receipt number R57934	2250-40
Balance due	0

PAID

AUG 23 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

mortuary 2 pay Oswald Baptiste

I hereby authorize the interment in lot I hold under deed.

Print Name

Address 104-40 Queens Blvd #2e

City Forest Hills NY 11375 Zip Code

Telephone 718-997-7512

Signature

Pam

Invoice #

Work Order # E 18677

Acct. #

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

United States
Office of Personnel Management

Retirement Operations Center
PO Box 45
Boyers, Pennsylvania 16017-0045

E-18677

ARTHUR BAPTIST
813 PLAZA CUERNAVA WAY
SAN DIEGO CA 92114

Your FEGLI Coverage

This form shows the amount of your Federal Employees' Group Life Insurance (FEGLI) coverage. If your life insurance is assigned, all incidents of ownership (except Option C) are transferred to the assignee(s). If the insurance is assigned, "you" refers to the assignee(s) throughout this discussion (except Option C). Using the information given, you can determine the amount payable at any time in the future. The insurance issued under the Group Policy is term life insurance. It builds no cash or loan value.

Name of Insured	Claim number	Date
Arthur Baptist	A21816440	3/8/2004

Type of Coverage	Column 1 Level of Coverage	Column 2 Amount of Insurance Before Reduction	Column 3 Amount of Monthly Reduction	Column 4 Amount of Insurance After Final Reduction
Basic Life	☒ 75% Reduction ☐ 50% Reduction ☐ No Reduction	$ 11,000.00	$ 220.00	$ 2,750.00
Option A - Standard	☒ Not Covered ☐ Covered	$	$	$
Option B - Additional	☒ Not Covered ☐ Multiples of Final Pay: ____ with Full Reduction ____ with No Reduction ____	Full Reduction $ ____ No Reduction $ ____	Full Reduction $ ____ No Reduction $ ____	Full Reduction $ ____ No Reduction $ ____
Option C - Family	☒ Not Covered ☐ Multiples ____ with Full Reduction ____ with No Reduction ____	Full Reduction: Spouse: $ ____ Each Child: $ ____ No Reduction: Spouse: $ ____ Each Child: $ ____	Full Reduction: Spouse: $ ____ Each Child: $ ____ No Reduction: Spouse: $ ____ Each Child: $ ____	Full Reduction: Spouse: $ ____ Each Child: $ ____ No Reduction: Spouse: $ ____ Each Child: $ ____

Prior editions are not usable.

(Continued on the reverse)

MT HOPE CEMETERY E 18677

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Arthur Baptist

Interment Date: Thurs 8/26 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 47 Gr: 12

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: Kenneth Collins Date: 8/25/09

E-18677

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Arthur	E.	Baptist	11/26/1915	08/21/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	oswald Baptiste - Son 104-40 Queens Boulevard, #2-C Forest Hills, NY 11375

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan Mortuary 7856 La Mesa Blvd., La Mesa, CA 91941	FD-1658	▶ Leah A Mata	08/24/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 08/24/2004	▶ 2414611

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 8/26/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Bernstein	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

Total of 15 checks

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose Brown 228133

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 8/25 1:00

Church, Chapel, Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 147 Grave 10

Grave space & Care Fund	985 -
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 -
Burial Container	275 -
Handling Fees	204 -
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 -
Sales taxes	21.31
Total Due	1948.31
Paid receipt number Visa	1948.31
Balance due	0

PAID

AUG 23 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Terry Br / Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X Terrence Brown (Print Name)

X 6919 Terra Cotta Rd (Address)

X San Diego, CA 92104 (City, Zip Code)

X (858) 414-4933 (Telephone)

Invoice # _____

Acct. # _____

Work Order # E 18678

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18678

DMV CALIFORNIA DMV

IDENTIFICATION CARD

EXPIRES 12-25-08

D6499363

ROSE MARIE BROWN
3984 32ND ST APT 9
SAN DIEGO CA 92104

SEX:F
HT:5-01

HAIR:BRN
WT:140

EYES:BLK
DOB:12-25-43

Rose M. Brown

06/03/2003 SB6 C7 FD/08

MT HOPE CEMETERY E-18678

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Mazukowitz		Free		
			x	Vacant		
			Price			

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Rose Brown

Interment Date: Wed 8/23 Time: 1:00

Div: 12 Sect: 2 Blk/Row: ____ Lot: 47 Gr: 10

Grave Laid out by: C Warren

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-18678

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROSE	MARIE	BROWN	12/25/1943	08/17/2004	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: TERRENCE BROWN-SON
6819 TERRA COTTA RD.
SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
CALIFORNIA CREMATION & BURIAL
5880 EL CAJON BLVD. SAN DIEGO CA 92115

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: FD-1357

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Victoria Mitchell

8B. DATE SIGNED: 08/24/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: 08/25/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: V MITCHELL ▶ 2414667

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA:
VITAL RECORDS-P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: –

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 8-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug. 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alex Paluch 221590

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 9/1, 11:00

Church, Chapel, Graveside : Conrad Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 1 Section 7 Blk/Row _____ Lot 128 Grave 1

Grave space & Care Fund	C-2038 —
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549 –
Burial Container	366 –
Handling Fees	271 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	66 –
Sales taxes	28.37
Total Due	1280.37
Paid receipt number	R 579366 1280 37
Balance due	—

PAID

AUG 24 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary Pay

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address See attached

City Zip Code

Telephone

Invoice # _____

Work Order # E 18679

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug. 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alex Paluch

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 9/1 11:00

Church, Chapel (Graveside) ; Conrad Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 1 Section 7 Blk/Row _____ Lot 128 Grave 1

Grave space & Care Fund C-2038	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	549-
Burial Container	360-
Handling Fees	271-
Flower vases -- Marker setting fee	
Recording/Filing/Transfer Fees	60-
Sales taxes	28.87
Total Due	1280.37
Paid receipt number	
Balance due	

I hereby certify I am the X FUNERAL DIRECTOR of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Mortuary Pay

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

CONRAD LEMON GROVE MORTUARY

BY Donna Conrad

Print Name

7387 BROADWAY

Address

LEMON GROVE, CA 91945-1533

City Zip Code

619/460-4601

Telephone

Work Order # E 18679

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18679

Statutory Short Form Power of Attorney

Notice: The powers granted by this document are broad and sweeping. They are defined in Connecticut Statutory Short Form Power of Attorney Act, sections 1-42 thru 1-56, inclusive, of the General Statutes, which expressly permits the use of any other or different form of power of attorney desired by the parties concerned. The Grantor of any Power of Attorney or the Attorney-in-Fact may make application to a court of probate for an accounting as provided in Subsection (b) of Section 45a-175.

Know all Men by these Presents, which are intended to constituted a **GENERAL POWER OF ATTORNEY** pursuant to Connecticut Statutory Short Form Power of Attorney Act:

That I ALEXANDER S. PALUCH of West Hartford, Connecticut

(insert name and address of principal)

do hereby appoint MATTHEW S. PALUCH of New Britain, Connecticut
and
ANTHONY PALUCH of San Diego, California

(Insert name and address of the agent, or each agent, if more than one is designated)

my attorney(s)-in-fact TO ACT (a) severally

First: in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the following matters as each of them is defined in the Connecticut Statutory Short Form Power of Attorney Act to the extent that I am permitted by law to act through an agent;

(Strike out and initial in the opposite box any one or more of the subdivisions as to which the principal does NOT desire to give the agent authority. Such elimination of any one or more of subdivisions (A) to (L), inclusive, shall automatically constitute an elimination also of subdivision (M).)

To strike out any subdivision the principal must draw a line through the text of that subdivision AND write is initials in the box opposite.

(A) real estate transactions; [ ]

(B) chattel and goods transactions; [ ]

(C) bond, share and commodity transactions; [ ]

(D) banking transactions; [ ]

(E) business operating transactions; [ ]

(F) insurance transactions; [ ]

(G) estate transactions; [ ]

(H) claims and litigation; [ ]

(I) personal relationships and affairs; [ ]

(J) benefits from military service; [ ]

(K) records, reports and statements; [ ]

(L) health care decisions; [ ]

(M) all other matters; * [ ]

This power of attorney shall not be affected by the subsequent disability or incompetence of the principal.

Including the following powers: (i) the authority to handle federal tax matters, (ii) the power to transfer assets to any revocable trust of which I am Settlor or Grantor, (iii) access to any safe deposit box, and (iv) the power to make gifts on my behalf to the extent I have previously entered into a gift program or expressed, in writing, a desire to make gifts to specified individuals or entities, provided, however, unless my attorneys-in-fact believe that additional amounts should be transferred for purposes of my estate planning, gifts to any individual should be limited to an amount equal to the annual gift tax exclusion allowable under Section 2503(b) of the Internal Revenue Code of 1986, as amended, and any distributions made by my attorney(s)-in-fact to himself/herself/themselves shall be limited, during each calendar year, to the maximum amount as to which the lapse of his/her/their power to distribute will not be considered a release of such power under Sections 2041 and 2514 of the Internal Revenue Code, as amended.

E-18679

This power of attorney shall remain in full force and effect until the occurrence of the first of the following events:

1. **my death;**
2. **the death of my attorney-in-fact;**
3. **the appointment of a conservator of my estate; or**
4. **the filing by me of a written revocation of this power of attorney with the law firm of:**

Levy & Droney, P.C.
P. O. Box 887
Farmington, CT 06034-0887
Attn: George A. Baker, Esquire

Subject to the foregoing, this power of attorney shall be considered to be of indefinite duration.

(a) If more than one agent is designated and the principal wishes each agent alone to be able to exercise the power conferred, insert in this blank the word "severally". Failure to make any insertion or the insertion of the word "jointly" will require the agents to act jointly.

(Special provisions and limitations may be included in the statutory short form power of attorney only if they conform to the requirements of the Connecticut Statutory Short Form Powers of Attorney Act.)

Second: with full and unqualified authority to delegate any or all of the foregoing powers to any person or persons whom any attorney(s)-in-fact shall select.

Third: hereby ratifying and confirming all that said attorney(s) or substitute(s) do or cause to be done.

In Witness Whereof, I have hereunto signed my name and affixed my seal this 20th day of March, 2001.

Alexander S. Paluch (Seal)
(Signature of Principal)
ALEXANDER S. PALUCH

Attested and subscribed in the presence of the principal and subsequent to the principal subscribing same:

Lynn S. Oliver Witness

George A. Baker Witness

STATE OF CONNECTICUT
COUNTY OF Hartford ss. New Britain March 20, 2001

Personally Appeared ALEXANDER S. PALUCH
Signer(s) of the foregoing instrument, and acknowledged the same to be his free act and deed, before me.

George A. Baker
~~Notary Public/Justice of Peace~~ Commissioner of Superior Court
George A. Baker

Note: If this form is to be used in the matter of conveying real estate it is necessary to have two witnesses to the signature of the Principal.

MT HOPE CEMETERY C 18679

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Zynkian				
	Clark		X			
		Mathias				

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Alex Paluch

Interment Date: Wed 9/1 Time: 11:00

Div: 1 Sect: 7 Blk/Row: ____ Lot: 128 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No flag on grave

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Menegon Date: 8-31-04

E 18679

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ALEXANDER	-	PALUCH	09/26/1917	08/22/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
New Britain	CT	Matthew S. Paluch - Brother 60 Winter Street New Britain, CT 06051

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945	FD941	▶ Kim Beaulieu	08/27/2004

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	Kim Beaulieu 08/27/2004	2414877 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Co. of San Diego Dept. of Health Services Vital Records P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-1-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need

Date 8-23-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of for Violet Catlin 227643

in a Liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 250 Grave 8

Grave space & Care Fund	985.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-57932	458.00
Balance due	1375.20

PAID

AUG 23 2004

MOUNT HOPE CEMETERY

Paid in full 12-27-04

I hereby certify I am the self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 227643

I hereby authorize the interment in lot I hold under deed.

Violeth Catlin
Signature

Violet L. Catlin
Print Name

335 South 45th St
Address

San Diego 92113
City Zip Code

(619) 264-7895
Telephone

Paulette
Work Order # E 18680

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58324

12-16-04 07:55 PAID

Date: _____, 20 ____

From: Violet Catlin Address: 335 S. 45th st. S.D. 92113

one hundred ~~980~~ Dollars ($ 100 —)

in part Payment of pre-need lot & trust

Div 12 Sec 2 Blk/Row ____ Lot 250 Grave 8

Invoice No. E-18680

Acct. No. ____

W.O. ____

BALANCE DUE 1125 20

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X

4097

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC 16 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	1125	20
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	1125	20

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58105

Date: Oct 6 , 20 04

From: Violet Collin Address: 335 S. 45th St. SD 92113

Dollars ($ 150.00)

in part Payment of pre-need

Div 12 Sec 2 Blk/Row Lot 250 Grave 8

Invoice No. E 18680

Acct. No.

W.O.

BALANCE DUE 1225.20

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓

4078

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" ON THIS FORM.

PAID

OCT 06 2004

MOUNT HOPE CEMETERY

ISSUED BY Pam Hetzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	150	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

E-18680

CATLIN, VIOLET L. 335 So. 45th St. S.D. CA 92113 619)264-7895

division 12, section 2, lot 250, grave 8

		DEBIT	CREDIT	BALANCE
8/23/04 Opened pre-need lot/trust. Trust includes $413 o/c, $209 b/c, $160 h/f, $50 R/F Fee, Tax $16.20.		985.00 848.20		985.00 1833.20
8/[illegible]04	R-57932		458.00	1375.20
10-6-04	58105 #1		150.00	1225.20
12-16-04	58324 2		100.00	1125.20
12-27-04	58356 #3-24		1125.20	-0-

PAID

DEC 27 2004

MOUNT HOPE CEMETERY

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Aug 23, 04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Synetha Anderson 225281

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 8/25 11:30

Church, Chapel, Graveside _____ : Humphreys Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 5221 Grave 1

Grave space & Care Fund ..... D 1873 ..... —0—

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... E 5977 ..... —0—

Burial Container ..... —0—

Handling Fees ..... —0—

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... —0—

Sales taxes ..... —0—

Total Due ..... _____

Paid receipt number _____ _____

Balance due —0—

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X JoAnne Wallace
Print Name

X 7510 Berenda Pl.
Address

X El Cajon CA 92020
City Zip Code

X JoAnne Wallace
Telephone

Invoice # _____

Acct. # _____

Work Order # E 18681

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18681

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			HEAD			
	Anderson		X			Hanano
		[illegible]		Shoemst		

Blind Check Initiated By: Pam Date: 8/23

Interment space for: Synetha Anderson

Interment Date: Wed 8/25 Time: 11:30

Div: 10 Sect: ____ Blk/Row: ____ Lot: 5221 Gr: 1

Grave Laid out by: [illegible]

Agrees with Legal Card: ☐ Yes ☐ No flag on grave

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 8-23-04

E-18681

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SYNETHA	-	ANDERSON	11/14/1911	08/20/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JOANNE WALLACE (DAUGHTER) 1510 BERENDA PLACE EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
HUMPHREY CHULA VISTA MORTUARY 753 BROADWAY, CHULA VISTA, CA 91910	FD 964	▶	08/25/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	08/25/2004 SANDRA PENA	2414666 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO CO: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 8-25-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
In grave of Margaret Bell Davis

Date 9-2-04

228183

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARLY DAVIS Fri 9/17 10:00

in a ASH VAULT Funeral, date, time ~~Weds Sept. 8 2:00~~

Type of Burial Container

Church, Chapel, ~~Graveside~~ Witness ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 2 Blk/Row _____ Lot 124 Grave 8

Grave space & Care Fund E-16606	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	297.73
Paid receipt number R58023	297.73
Balance due	0

PAID
SEP 17 2004
MOUNT HOPE CEMETERY

Mortuary 2 pay

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name

Address See attached

City Zip Code

Telephone

Paulette

Invoice # _____

Work Order # E 18682

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AT Need
In grave of Margaret Bell Davis

Date 9-2-011

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EARLY DAVIS

in a ASH VAULT (Type of Burial Container), Funeral, date, time

Church, Chapel, Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ ____ will be applied and billed to undersigned.

Division 11 Section 2 Blk/Row ____ Lot 124 Grave 8

Grave space & Care Fund E-16666	0
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	116.00
Burial Container	61.00
Handling Fees	66.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	4.73
Total Due	277.73
Paid receipt number	
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Renee Austin
Signature

Renee Austin
Print Name
6713 Palo Alto Lane
Address
San Diego, CA 92114
City Zip Code
Telephone

Paulette

Work Order # E 18682

Invoice # ____

Acct. # ____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18682

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

ON Grave of Margaret Bell (Scott) Davis

	Fulton			Nichols		
	Campos		X		Todd	

Blind Check Initiated By: Paulette Date: 9/7

Interment space for: Early Davis

Interment Date: ~~9/8/04~~ Time: ~~2pm~~

Div: 11 Sect: 2 Blk/Row: ____ Lot: 124 Gr: 8

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag

Blind Check & Verified By: M. Bernstein Date: 9/7/04

E-18682

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Early	Lee	Davis	02/18/1919	08/31/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Renee Austin, POA 6713 Palo Alto Lane San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	FD-1329	▶ Blair Campbell	09/03/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	09/03/2004 B. Campbell	2415283 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street SanDiego, CA 92102	11B. DATE BURIED 9-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kevin F. Lamm	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CSI Cremation Services, Inc; 2570 Fortune Way; Vista, CA 92083	12B. DATE CREMATED: 9/10/04	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ J W Schock	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

AT NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-2-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angelo Reed (Infant) 228170

in a OX or OA (Type of Burial Container) Funeral, date, time Wed. Sept. 8 10:00

Church, Chapel, Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 2 Blk/Row _____ Lot 805 Grave 1

Grave space & Care Fund	179.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	173.00
Burial Container 45"w x 41"L	70.00
Handling Fees	40.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	—
Total Due	512.00
Paid receipt number R-57970	512.00
Balance due	-0-

PAID
SEP 02 2004
MOUNT HOPE CEMETERY

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

Lai-Kara Reed
Print Name

[illegible] BAYVIEW HEIGHTS DR #1
Address

SAN DIEGO, CA 92105
City Zip Code

(619) 871-2885
Telephone

Paulette

Work Order # E 18683

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18683

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			

801 - 1 [illegible]

Blind Check Initiated By: Paulette C. Date: 9-2-04

Interment space for: Angello Reed

Interment Date: 9-2 Time: Weds Sept. 10:00

Div: 9 Sect: 2 Blk/Row: ____ Lot: 805 Gr: 1

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☒ Yes ☐ No

Flag on Grave

Blind Check & Verified By: [signature] Date: 9-7-04

E-18683

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Angello	Sky	Reed	08/05/2003	08/29/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Lai' Kara Danielle Reed, Mother 2290 Mackenzie Creek Road; Chula Vista, CA 91914

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd, San Diego, CA 92102	FD-1329	▶ [illegible] Whitley	09/02/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	09/02/2004 L. Whitley	▶ 2415197

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92102	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-3-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need 25 chairs if possible

Date 9/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Naomi Yepiz 228179

in a Liner (Type of Burial Container) Funeral, date, time Thurs Sept. 9th 12:30

Church, Chapel, Graveside : Englewood Mortuary.

1-310-677-8137

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 2 Blk/Row _____ Lot 20 Grave 3

Grave space & Care Fund	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	549.00
Burial Container	278.00
Handling Fees	213.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	66.00
Sales taxes	21.54
Total Due	1127.54
Paid receipt number B of A Visa	1127.54
Balance due	Ø

PAID SEP 08 2004 MOUNT HOPE

MORT. Fax-310-673-0011

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Paulette

x Print Name

x Address

x City Zip Code

x Telephone

MORT. TO SEND Signature from fax

Invoice # _____

Acct. # _____

Work Order # E 18684

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

THE CITY OF SAN DIEGO

~~SUE SHACKELTON~~
Clerical Assistant II • Mt. Hope Cemetery
Real Estate Assets • (619) 527-3400

C 18684

Sept. 9, 2004

MEMO

Noami Yepiz owns three lots at Mt Hope Cemetery.

Div. 7 Sec. 2 lot 20 graves 3, 4 & 5

The control of the lots go to her child Olga Ruth Sanchez and then her son Israel David Sanchez.

Pam Hetzel
Mt Hope Cemetery Staff

DIVERSITY

MT HOPE CEMETERY E-18684

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		HILL				
		Samaniego	(X)	Herman Yepez		
		murillo	Moreno	Moreno Yepez		

Blind Check Initiated By: Paulette Date: 9/8

Interment space for: Naomi R. Yepiz

Interment Date: 9-9-04 Thurs Time: 12:30 p.m.

Div: 7 Sect: 2 Blk/Row: ____ Lot: 20 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Blind Check & Verified By: David Noriega Date: 9-8-04

E-18684

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Noami	Ruth	Yepiz	06/23/1921	09/04/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Harbor City	Los Angeles	Olga Ruth Sanchez-Dtr. 2916 W. Caldwell St. Compton, CA 90220

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
INGLEWOOD MORTUARY 1206 CENTINELA INGLEWOOD,CA	FD905

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		[signature]	09/08/2004

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	09/08/2004	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N. Figueroa St. Los Angeles, CA	P.O.Box 85222 San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery San Diego, California	11B. DATE BURIED 9-9-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY ---	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [signature]	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER [signature]	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION [signature]	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Paid twice

Date 9/7/04

228171

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of John Doe PA 20050318

in a DD 1st Funeral, date, time Wed 9/8 1:00

Type of Burial Container

~~Church, Chapel, Graveside~~ del only ; Aztlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division ~~7~~ 13 Section ~~2~~ Blk/Row _____ Lot ~~20~~ 18 Grave ~~3~~ 3A

Grave space & Care Fund	~~0~~ 131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number ck # 4188119	776.23
ck 4199515 Balance due	~~0~~

PAID

JAN 0 2005

county filed 9/10/04

MOUNT HOPE CEMETERY

I hereby certify I am the x _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Nancy Hobbs Faxed 2-2-05

I hereby authorize the interment in lot I hold under deed. 858694 35

Signature

Pam

x _____ Print Name

x _____ Address

x _____ City Zip Code

x _____ Telephone

Invoice # 404670

Acct. # 000952

Work Order # E 18685

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9-7-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margerite Grogan 225627

in a T.S. Vault. Funeral, date, time Sat. Sept. 11 12:00

Type of Burial Container

Church, Chapel, Graveside Witness Lowering ; Pacific View Mortuary.

Elaine

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row _____ Lot 6 Grave 2

Grave space & Care Fund	E-11516	0
Overtime/Late Arrival Fees		848.00
Opening/Closing & Setup		—
Burial Container	T.S. VAULT	—
Handling Fees		—
Flower vases - Marker setting fee	TRION VASE PER KEVIN	30.00
Recording/Filing/Transfer Fees		—
Sales taxes		—
Total Due		878.00
Paid receipt number	R-57990	878.00
Balance due		0

PAID

SEP 09 2004

MOUNT HOPE CEMETERY

Elaine Poole

Fax 949-640-6829

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____ Signature

X Print Name _____

X Address _____

X City _____ Zip Code _____

X Telephone _____

(Signature attached)

Paulette

Work Order # E 18686

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18686

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		KLOK		Wright		
		Grogan	x			

Blind Check Initiated By: P. Crawford Date: 9/9

Interment space for: Margerite Grogan

Interment Date: 9/11 Time: 12:00

Div: 6 Sect: 4 Blk/Row: ____ Lot: 6 Gr: 2

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☐ Yes ☐ No

Agrees with Map: ☐ Yes ☐ No

Blind Check & Verified By: _____ Date: _____

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date 9-7-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margerite Grogan

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. Sept 11 12:00

Church, Chapel, Graveside Witness Lowering : Pacific View Elaine Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 6 Section 4 Blk/Row _____ Lot 6 Grave 2

Grave space & Care Fund E-11516	0
Overtime/Late Arrival Fees	848.00
Opening/Closing & Setup	—
Burial Container T.S VAULT	—
Handling Fees	—
Flower vases - Marker setting fee	30.00
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	878.00
Paid receipt number	
Balance due	

Elaine Poole
Fax 949-640-6829

I hereby certify I am the X SON AND ONLY CHILD of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

X [signature] Print Name

X 427 ONDA Address

X NEWPORT BEACH CA 92660 City Zip Code

X 949 644-4318 Telephone

Paulette

Work Order # E 18686

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

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E-18686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGUERITE	L.	GROGAN	11/07/1909	09/06/2004	F

5A. CITY OF DEATH: NEWPORT BEACH

5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE: ORANGE

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ALLEN E. GROGAN, JR. @ SON
P.O. BOX 7054
NEWPORTBEACH, CA 92658

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
PACIFIC VIEW MORTUARY
3500 PACIFIC VIEW DR.
CORONA DEL MAR, CA 92625

7B. CALIF. LICENSE NUMBER — IF APPLICABLE: ED1176

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 9/10/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID: $13.00

9B. DATE PERMIT ISSUED: T.HEATHCOCK 09/08/2004

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 1625M ▶ MARK B. HORTON, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA
ORANGE COUNTY HEALTH DEPT.
P.O. BOX 234 SANTA ANA, CA 92702

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SAN DIEGO COUNTY HEALTH DEPT.
P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9-11-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED -	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ -
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED -	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶ -
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED -	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶ -
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION -	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ -

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE: -

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA20050320 (220172)

in a DD 2nd Funeral, date, time Wed 9/8 1:00

Type of Burial Container

~~Church, Chapel, Graveside~~ cl only ; Aztlan Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 13 Section _____ Blk/Row _____ Lot 18 Grave 36

Grave space & Care Fund	131.00
Overtime/Late Arrival Fees	
Opening/Closing & Setup	454.00
Burial Container	132.00
Handling Fees	
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	49.00
Sales taxes	10.23
Total Due	776.23
Paid receipt number CK # 4188119	776.23
Balance due	0

PAID

Carmela Bruel

D 2005

9/13/04

MOUNT HOPE CEMETERY

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X Print Name

X Address

X City Zip Code

X Telephone

Invoice # 404822

Acct. # 000952

Work Order # E 18687

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

C 18687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Pd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	01/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Pine Valley	San Diego	Michael Ellano-M.E. Investigator 5555 Overland Ave. Bldg. 14 San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	Ellen a Mata	09/07/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT
04-00202
AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 09/07/2004	2415369

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-8 04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Kurt F Jensen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PLEASE ADDRESS CORRESPONDENCE REGARDING THIS PAYMENT

WARRANT NO. 4188119

E 18687

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 163 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CA 92101-2478
(619) 531-5321

AUTHORITY/PO	INVOICE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
E7/BL2/26/	20050318 -	REF NO E-18685 (JOHN DOE)	0.00	776.23
E-7/BL2/26	20050320 -	REF NO.E-18687 (JOHN DOE)	0.00	776.23
			0.00	1,552.46

PAID

JAN 0 7 2005

MOUNT HOPE CEMETERY

E 18687

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Fd

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	01/24/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Pine Valley	San Diego	Nancy Hobbs-Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658

ACKNOWLEDGEMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
		▶ Leah A Matta	09/07/2004

PERMIT	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
04-00212 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION		$13.00	Leah A. Mata 09/07/2004	▶ 2415370

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-8-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Kim F Jamison	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/7/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clark Baumgardner 22858

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 3643/3644 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... 50 –

Sales taxes ..... _____

Total Due ..... 50 –

Paid receipt number Visa 50 –

Balance due 0

PAID
SEP 07 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature [signature]

Print Name Clark K. Baumgardner
Address 3643 Felton Street
City San Diego Zip Code 92104
Telephone (619) 282-4281

Invoice # _____

Work Order # E 18688

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

9/27/1965

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

2214
E-18688

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Stanley D. & Carolyn J. Rodefer for the sum of $ 400.00 (DOLLARS)

LEGAL DESCRIPTION Lots 3643 & 3644 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-2453

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

2 x 1 or 3 x 1 Flush Marker Only

R. W. Dehne
Cemetery Manager

Eric Quantz
Public Works Director

FORM PW-584

THE CITY OF SAN DIEGO E-18658

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: September 7, 2004

I/We Stanley & Carolyn Rodefer

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Clark Baumgardner
Street Address: 4343 Felton St Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92104
Telephone #: (619) 282-4281

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " N/A " Blk / Row: " N/A "
Lot(s): 3643 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 7 day September 2004

EXECUTED IN THE PRESENNCE OF
THE FOLLOWING WITNESS:

WITNESS

WITNESS

Pamala Hetzel
CEMETERY REPRESENTATIVE NAME

x S Rodefer
Legal Owner - Representative Signature

x Carolyn J Rodefer
Legal Owner - Representative Signature

Pamala Hetzel
Cemetery Representative Signature

THE CITY OF SAN DIEGO

E-18688

MOUNT HOPE CEMETERY
CEMETERY PROPERTY TRANSFER AND QUIT CLAIM OF INTERMENT RIGHTS

Date: September 7, 2004

I/We Stanley & Carolyn Rodefer

DO HEREBY REMISE, RELEASE, AND QUITCLAIM THE INTERMENT RIGHTS

TO: Clark Baumgardner
Street Address: 4343 Felton St Apt / Unit #:
City: San Diego ST: CA Zip-Code: 92104
Telephone #: (619) 282-4281

all the cemetery property interment rights situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Division: 10 Section: " N/A " Blk / Row: " N/A "
Lot(s): 3644 Grave(s): 1

TO HAVE AND HOLD THE above-described cemetery grave(s) unto the above said interment rights owners, its successors and assigns forever.

WITNESS my/our hand this 7 day September 2004

EXECUTED IN THE PRESENNCE OF THE FOLLOWING WITNESS:

WITNESS

WITNESS

Pamala Hetzel
CEMETERY REPREHENSIVE NAME

X
Legal Owner / Representative Signature

X Carolyn J. Rodefer
Legal Owner / Representative Signature

Pamala Hetzel
Cemetery Representative Signature

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

At Need

Date Sept. 7

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antolin Garcia 228176

in a D.D CRYPT (A) Funeral, date, time Thurs. Sept. 9, 9:00
Type of Burial Container

Church, Chapel Graveside ; Guadulapana Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 10 Section _____ Blk/Row _____ Lot 1065 Grave 1

Grave space & Care Fund	1,095.00
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	418.00
Handling Fees	352.00
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50.00
Sales taxes	32.60
Total Due	2,360.40
Paid receipt number VISA	2,360.40
Balance due	Ø

PAID
SEP 08 2004
MOUNT HOPE CEMETERY

CDA678569
7-26-07

CREDIT CARD

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

x Pedro Garcia
Signature

Pedro Garcia
Print Name

933 S. 39th ST
Address

San Diego CA 92113
City Zip Code

619-262-30-82
Telephone

RES. ID CDA678569 OK pl.

Work Order # E 18689

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18689

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			X			
		Salisbury	McCollum			

Blind Check Initiated By: Paulette Date: 9/8

Interment space for: Antolin Garcia

Interment Date: 9/9 Time: 9:00 Chapel

Div: 10 Sect: ____ Blk/Row: ____ Lot: 1065 Gr: 1

Grave Laid out by: Norman Perryman

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No Flag

Blind Check & Verified By: [illegible] Date: 9-8-04

E-18689
-10

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

ME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANTOLIN	-	GARCIA-ARIZA	09/02/1934	09/02/2004	M

Y OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PEDRO GARCIA-SON 935 SOUTH 39th ST. SAN DIEGO, CA 92113

ED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE
GUA[illegible]UPANA MORTUARY, 2601 IMPERIAL AVE. SAN DIEGO, CA. 92102	FD-1425

WLEDGEMENT OF APPLICANT	I hereby acknowledge to applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Selene Chavez	09/08/2004

ERMIT IZATION OF REGISTRAR E IN DISPOSITION REQUIRES A NEW TO SHOW FINAL DISPOSITION	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$13.00	SELENE CHAVEZ 09/08/2004	2415465 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA. 92186-5222	-

RIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONOR'S USE ONLY
RIAL (INCLUDES ENTOMBMENT) EMATION SPOSITION OF CREMATED REMAINS OTHER AN IN A CEMETERY IENTIFIC USE	☐ E. TEMPORARY ENVAULTMENT ☐ F. DISINTERMENT ☐ G. SHIP IN TO CALIFORNIA ☐ D. TRANSIT TO OUTSIDE OF CALIFORNIA	☐ I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

URIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA, 92102	11B. DATE BURIED 9/9/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
MATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
NTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
NSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
NG/BURIAL EA OR ON OTHER CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE MPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL PLIC PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/04

228165 228166

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamin & Clotee Dill

in a DD Crypt (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 11 Section 1 Blk/Row _____ Lot 98 Grave 8

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup 413 x 2	826 –
Burial Container	418 –
Handling Fees	352 –
Flower vases – Ma[illegible] Fees	
Recording/Filing/Transfer Fees 50 x 2	100 –
Sales taxes	32.40
Total Due	2713.40
Paid receipt number R57987	2713.40
Balance due	0

PAID
SEP 08 2004
MOUNT HOPE CEMETERY

I hereby certify I am the X Self of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Print Name: BENJAMIN + CLOTEE DILL
Address: 1384 LARWOOD RD
City: SAN DIEGO, CA 92116
Zip Code
Telephone: 619 697 3529

Invoice # _____

Work Order # E 18690

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E 18690

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

PERSONAL DATA

1. LAST NAME-FIRST NAME-MIDDLE NAME: DILL Benjamin
2. SERVICE NUMBER: 125 59 83
3. SOCIAL SECURITY NUMBER: 128 | 26 | 5560
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS: USMC
5a. GRADE, RATE OR RANK: GySgt
b. PAY GRADE: E-7
6. DATE OF RANK: DAY 01 MONTH Jun YEAR 68
7. U. S. CITIZEN: [XX] YES [ ] NO
8. PLACE OF BIRTH (City and State or Country): Augusta,Richmond,Georgia
9. DATE OF BIRTH: DAY 15 MONTH Sept YEAR 34

SELECTIVE SERVICE DATA

10a. SELECTIVE SERVICE NUMBER: N/A
b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE: N/A
c. DATE INDUCTED: DAY N/A MONTH YEAR

TRANSFER OR DISCHARGE DATA

11a. TYPE OF TRANSFER OR DISCHARGE: Transfer to Fleet Marine Corps Reserve
b. STATION OR INSTALLATION AT WHICH EFFECTED: MCB,CAMPEN,CALIF
c. REASON AND AUTHORITY: 232- Transfer to Fleet Marine Corps Reserve & CMC ltr MMB-3-mp dtd 01 Feb 71
d. EFFECTIVE DATE: DAY 30 MONTH Jun YEAR 71
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND: HQ00,HQBN,(-)(REIN) 1STMARDIV,(-)(REIN)FMF,CAMPEN,CALIF
13a. CHARACTER OF SERVICE: HONORABLE
b. TYPE OF CERTIFICATE ISSUED: NAVMC HQ 458
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED: Marine Corps Reserve Forces Class I-D 1500 East Bannister Road Kansas City, Missouri
15. REENLISTMENT CODE: RE-2A

SERVICE DATA

16. TERMINAL DATE OF RESERVE UMT & S OBLIGATION: DAY N/A MONTH YEAR
17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION
a. SOURCE OF ENTRY: [ ] ENLISTED (First Enlistment) [ ] ENLISTED (Prior Service) [XX] REENLISTED [ ] OTHER
b. TERM OF SERVICE (Years): 04
c. DATE OF ENTRY: DAY 19 MONTH Dec YEAR 67
18. PRIOR REGULAR ENLISTMENTS: THREE (3)
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC: SSGT (E-6)
20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State): Campen,California
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code): 302 Beach 71st Street Arverm, Queen New York
23a. SPECIALTY NUMBER & TITLE: 0811-Field Artillery Man
b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER: Proof Director Mobile Artillery 199.168

22. STATEMENT OF SERVICE

		YEARS	MONTHS	DAYS
a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	06	12
	(2) OTHER SERVICE	16	00	00
	(3) TOTAL (Line (1) plus Line (2))	19	06	12
b. TOTAL ACTIVE SERVICE		19	06	12
c. FOREIGN AND/OR SEA SERVICE		01	00	28

24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

Korean Service Medal w/1*;United Nations Service Medal;National Defense Service Med. w/1*;Good Conduct Medal w/5*;Armed Forces Expeditionary Medal;Marine Corps Expediti Medal;Vietnam Campaign Medal w/1960;Letter of Appreciation;Meritorious Mast;

25. EDUCATION AND TRAINING COMPLETED

High School GED-4
Introduction to Personnel Administration (1969)
NBC Defense (1wk) (1970)
Basic Officer Ext Course
Personnel Reporting (01.26)

A CERTIFIED TRUE COPY
MAR 22 2001
AUTHORITY-VETERANS ADMINISTRATION FORM 4505

VA AND EMP. SERVICE DATA

26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years): NONE
b. DAYS ACCRUED LEAVE PAID: 41
27a. INSURANCE IN FORCE (NSLI or USGLI): [ ] YES [ ] NO
b. AMOUNT OF ALLOTMENT: $
c. MONTH ALLOTMENT DISCONTINUED
28. VA CLAIM NUMBER: C
29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE: [ ] ~~$10,000~~ $15,000 [ ] $5,000 [ ] NONE

REMARKS

30. REMARKS

Item 24 continued: Navy Occupation Service Medal w/clasp;Vietnam Service Medal w/ Combat Action Ribbon;Meritorious Mast;Meritorious Unit Citation;Navy Commendation Medal w/Combat V;
Good Conduct Medal Period Commences 19 Dec 69

AUTHENTICATION

31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code): 7089 Benson Ave. San Diego, California 92114
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED: Benjamin Dill
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZED OFFICER: E.J. SOLIZ WO USMC ADMIN OFFICER
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: Soliz

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 9/8/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ross Baby Boy

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ : Beardsley-Mitchell Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division TOOF Section _____ Blk/Row 22 Lot 93 Grave 1

A-398

Grave space & Care Fund	—
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee Misc. Fee	585.00
Recording/Filing/Transfer Fees	—
Sales taxes	—
Total Due	585.00

Paid receipt number _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Paulette

Work Order # E 18691

1/17/05

Print Name _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

have not heard from family

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY
INITIAL 1st CALL SHEET

E-18691

DATE / TIME RECEIVED CALL: 8/23 3:25 pm

CALL TAKEN BY: Paulette

RECEIVED CALL FROM:

☒ MORTUARY NAME: Boulder City Mortuary Colorado
☐ FAMILY MEMBER / REPRESENTATIVE
CONTACT PERSON: Paula
TELEPHONE NUMBER: 702-294-3000
RELATIONSHIP TO DECEASED:
Fax# 702-294 0200

NAME OF DECEASED:

LAST NAME: Ross Baby Boy (Infant)
FIRST NAME: INITIAL:
D.O.D. D.O.B.
VETERAN: ☐ yes BRANCH OF SERVICE:
☐ REGULAR SIZE CASKET ☐ OVERSIZE ☐ CHILD
CASKET MEASUREMENTS: x x

FUNERAL SERVICE:
TYPE OF SERVICE: ☐ CHURCH ☐ CHAPEL ☐ GRAVE SIDE
LOCATION OF SERVICE:
DATE OF SERVICE: TIME OF SERVICE:
EXPECTED ARRIVAL TIME AT MT. HOPE CEMETERY:

CEMETERY PROPERTY: ☐ A/N ☐ P/N ☐ P/N Trust

DIV: TOOF SECT: BLK/ROW: 22 LOT: 93 GR:
☐ SINGLE GRAVE ☐ CREMATION
☐ DBL/DEPTH ☐ 1st BURIAL ☐ 2nd BURIAL

CEMETERY SERVICE:
TYPE OF SERVICE: ☐ COMMITTAL ☐ GRAVE SIDE
☐ WITNESS ONLY ☐ DELIVERY ONLY
☐ P/A DELIVERY ☐ MILITARY DETAIL

SPECIAL INSTRUCTIONS: Infant Cremation Disinterment + shipped to Boulder City
Mothers living - father passed
$5 60% only back

1949 yr.
$585 disint.
$110.00 current value

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/04

228181

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antoine Primas JR

in a DD 1st (Type of Burial Container) Funeral, date, time Sat 9/11 9:00

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 52 Grave PC 4

Grave space & Care Fund	E-8094	-0-
Overtime/Late Arrival Fees	Sat.	600-
Opening/Closing & Setup		413-
Burial Container		418-
Handling Fees		352-
Flower vases – Marker setting fee		
Recording/Filing/Transfer Fees		50-
Sales taxes		32.40
Total Due		1925.40
Paid receipt number	R 57991	1925.40
Balance due		-0-

PAID

SEP 09 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

X ANTOINE PRIMAS III
Print Name

X 3193 WEBSTER AVE
Address

X SAN DIEGO 92113
City Zip Code

X 234-9055
Telephone

ID Verified PH

Work Order # E 18692

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18692

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

		Richardson	Love			
		Richards	X			
		Jacquett	Glenn			

Blind Check Initiated By: Pam Date: 9/8

Interment space for: Antoine Primas

Interment Date: Sat 9/11 Time: 9:00

Div: 12 Sect: 3 Blk/Row: ____ Lot: 52 Gr: ~~54~~

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [signature] Date: ____

E-18692

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Antoine	-	Primas	12/05/1937	09/06/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Antoine Primas, III, Son 7387 Pomona Way; La Mesa, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	FD-1329	▶ Ken Campbell	09/09/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103065 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	09/10/2004 B. Campbell	2415624 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records, P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING.— REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 9-11-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rest

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/9/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Hille 2276653

in a liner (Type of Burial Container) Funeral, date, time Mon 9/13 11:00

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 7 Section 17 Blk/Row _____ Lot 71 Grave 3

Grave space & Care Fund ..... E 183960 0

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... PAID 413

Burial Container 209

Handling Fees ..... SEP 09 2004 160

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... MOUNT HOPE CEMETERY 50

Sales taxes 16.20

Total Due 848.20

Paid receipt number Visa 848.20

Balance due 0

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

x Robin L Harrington
Print Name

x 2110 Lamego Way
Address

x El Dorado Hills CA 95762
City Zip Code

x (916) 941-7253
Telephone

Work Order # E 18693

Invoice # _____

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18693

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Brooks			
	Fairchild		X			

Blind Check Initiated By: Pam Date: 9/9

Interment space for: Robert Hille

Interment Date: Mon 9/13 Time: 11:00

Div: 1 Sect: 17 Blk/Row: ____ Lot: 11 Gr: 3

Grave Laid out by: DAVID & KEN

Agrees with Legal Card: ☒ Yes ☐ No flag in grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: M. Gunderman Date: 9/10/24

E-18693

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	HENRY	HILLE	10/21/1928	09/08/2004	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROBIN L. HARRINGTON, DAUGHTER 2110 LAMEGO WAY; ELDORADO HILLS, CA 95762

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY; 5050 FEDERAL BLVD. SAN DIEGO, CA 92102	FD- 1329	▶ [signature]	09/09/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
13.00	09/10/2004 B. CAMPBELL	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9/13/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

232-1721

Pre-need trust

Date 9-13-04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Yor John Wooten Sr.

in a liner (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 3 Blk/Row _____ Lot 103 Grave 3

Grave space & Care Fund D-9217	Ø
Overtime/Late Arrival Fees	—
Opening/Closing & Setup	413.00
Burial Container	209.00
Handling Fees	160.00
Flower vases – Marker setting fee	—
Recording/Filing/Transfer Fees	50.00
Sales taxes	16.20
Total Due	848.20
Paid receipt number R-58004	200.00
Balance due	648.20

PAID

MAR 16 2005

MOUNT HOPE CEMETERY

Paid in full on bal owing

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

228177

Josephine B. Wooten
Print Name

J.B. Wooten
Signature

227 S. Gregory St.
Address

San Diego CA 92113
City Zip Code

619 232-1721
Telephone

Paulette

Invoice # _____

Work Order # E 18694

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

E-18694

WOOTEN, JOSEPHINE B. 227 S. GREGORY STREET, S.D. CA 92113 619-232-1721

DIVISION 12 SECTION 3 LOT 103 GRAVE 3

	DEBIT	CREDIT	BALANCE
9/13/04 Opened pre-need trust. Trust includes: O/C $413, B/O [redacted]09, H/F $160, R/F $50, TAX $16.20. Dwn Pyment of $200 paid by Check R-58004.			848.20
		200.00	648.20
1[redacted]04 Coupon #1		100 -	548.20
11-4-04 2 - 4 58201		100 -	448.20
12-1-04 3 5 58276		100 -	348.20
1-6-05 4 - 7 58393		100.00	248.20
2-7-05 5 - 10 58487		100.00	148.20
3-9-05 6 23 58595		100.00	48.20
3/16/05 Pd 58636	48.20	48.20	~~0.00~~

Paid in Full 3/16/05

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58636

Date: 3/16, 20 05

From: Josephine Warren Address: On record

Forty-Eight + 20 Dollars ($ 48.20)

In full Payment of Paid in for your trust

Div 12 Sec 3 Blk/Row Lot 103 Grave 3

Invoice No. E-18694

Acct. No.

W.O.

BALANCE DUE Ø

Pre-Need Lot ✓ At Need ☐ On Acct ☐

Pre-need Trust ✓ Cash ☐ Check ✓ 3472

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

MAR 16 2005

MOUNT HOPE CEMETERY

ISSUED BY P. Clayard

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	48.	20
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	48.	20

AC-212 (Rev. 4-04)
This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58276

Date: December 1, 2004

From: Josephine Wooten Address: 227 S. Gregory St. S.D CA. 92113

One hundred ~~00~~ Dollars ($ 100.00)

in part Payment of pre-need trust

Div 12 Sec 3 Blk/Row ____ Lot 103 Grave 3

Invoice No. E-18694

Acct. No. ____

W.O. ____

BALANCE DUE 348.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3423

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

DEC - 1 2004

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58101

Date: October 7, 2004

From: Josephine B. Wooten Address: on record

One hundred and 00 Dollars ($ 100.00)

in part Payment of pre-need trust.

Div 12 Sec 3 Blk/Row Lot 103 Grave 3

Invoice No. E-18694

Acct. No.

W.O.

BALANCE DUE $548.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust X Cash ☐ Check X 3399

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

OCT 06 2004

MOUNT HOPE CEMETERY

ISSUED BY Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	100.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58201

Date: Oct Nov 4 20 04

From: J.B. Wooten Address: 227 S. Gregory st. SD 92113

Dollars ($ 100.00)

in part Payment of pre need

Div 12 Sec 3 Blk/Row Lot 103 Grave 3

Invoice No. E18694

Acct. No.

W.O.

BALANCE DUE 448.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☑ 3409

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

NOV 04 2004

MOUNT HOPE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	100 —
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100 —

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58487

Date: February 7, 20 05

From: Josephine B. Wooten Address: on record

One Hundred and 00 Dollars ($ 100.00)

in part Payment of Pre-need Coupon #5

Div 12 Sec 3 Blk/Row ____ Lot 103 Grave 3

Invoice No. E-19694

Acct. No. ____

W.O. ____

BALANCE DUE $ 148.20

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 3454

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

FEB - 7 2005

MOUNT HOPE CEMETERY

ISSUED BY L. Crawford

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	100.00
Trust	77186	
Sales Tax	60101	
	78390	
TOTAL PAID	$	100.00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

58393

Date: Jan. 6, 20 05

From: Josephine Wooten Address: 227 S. Gregory St.

one hundred 00/100 Dollars ($ 100 00)

in part Payment of pre-need trust

Div 12 Sec 3 Blk/Row Lot 103 Grave 3

Invoice No. E-18694

Acct. No.

W.O.

BALANCE DUE 248 20

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3435

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JAN - 6 2005

MOUNT HOPE CEMETERY

ISSUED BY M. Villegas

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	100	00
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 4-04)

This information is available in alternative formats upon request.

E-18694

THE CITY OF SAN DIEGO

February 1, 2007

Josephine Wooten
227 S. Gregory
San Diego, CA 92113

Dear Ms. Wooten:

Thank you for calling Mt. Hope Cemetery and inquiring about the current market value of your cemetery plot located in Division 12, Section 3, Lot 103, Grave 3. At present your plot would be valued at resident rates, as you live in the City of San Diego. The current City resident rate for this plot of land is $2,264. If a person from outside San Diego were to purchase this grave, the non-resident rate would be $3,011.

This fee is for the land only and does not include any of the services such as opening & closing, handling fees, recording fees, liners and marker setting fee.

I hope this information helps you with your declaration process. Please feel free to call our office at (619) 527-3400 if you have any questions.

Sincerely,

M. David Lugo
Mt. Hope Cemetery Manager
(619) 527-3401

DIVERSITY

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

THE CITY OF SAN DIEGO

E 18694

December 28, 2005

Josephine Wooten
227 S. Gregory
San Diego, CA 92113

Dear Mrs. Wooten:

Thank you for calling Mt. Hope and inquiring about the current market value of your cemetery plot located in Div. 12., Section 3, Lot 103,Grave 3. At present your plot would be valued at resident rates, as you live in the City of San Diego. The current City resident rate for this plot of land is $2,264. If a person from outside San Diego were to purchase this grave, the non-resident rate would be $3011.

This fee is for the land only and does not include any of the services such as opening & closing, handling fees, recording fees, and liners.

I hope this information helps you with your declaration process. Please feel free to call our office at (619) 527-3400 if you have any other questions.

Sincerely,

M. David Lugo
Mt. Hope Cemetery Manager

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

DIVERSITY

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Enell Marshall

in a TS. Vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 2 Blk/Row _____ Lot 29 Grave 11

Grave space & Care Fund	—
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 —
Burial Container	275 —
Handling Fees	204 —
Flower vases – Marker setting	
Recording/Filing/Transfer Fees	50 —
Sales taxes	21.31
Total Due	963.31
Paid receipt number MC	963.31
Balance due	—

PAID

SEP 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the daughter Constance N. Perc of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Constance Percy (Print Name)

5956 Tooley St (Address)

San Diego, CA 92114 (City, Zip Code)

(619) 262-2728 (Telephone)

Invoice # _____

Work Order # E 18695

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

X-fw

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/14/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Senior Community Services

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 5 Section 1 Bld/Row 13 Lot 29 Grave 1

Grave space & Care Fund ..... _____

Overtime/Late Arrival Fees ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording/Filing/Transfer Fees ..... from Rosemarie Wilson Ward 50.00

Sales taxes ..... _____

Total Due 50.00

Paid receipt number R578408 50.00

Balance due 0

PAID

SEP 14 2004

MOUNT HOPE CEMETERY

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature Dan

Print Name FREDRIC E. ZARSE

Address CEMETERY SERVICES AGENCY PO Box 2454

City ALPINE, CA 91903 Zip Code

Telephone 619-579-9456

Invoice # _____

Acct. # _____

Work Order # E 18696

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

POWER OF ATTORNEY

E-18696

KNOW ALL MEN BY THESE PRESENTS : That

CLYDE BURROWS

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE CEMETERY
DIVISION 5 LOT 29 ROW 13 SECTION 1

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

x C Burrows

Signature Signature

ALL PURPOSE ACKNOWLEDGEMENT

State of CALIFORNIA County of San Diego

On January 30 2004 before me, the undersigned, a Notary Public in and for said State

personally appeared, Clyde Burrows

personally known to me (or proved to me on the basis of satisfactory evidence), to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

x G. S. Mulder (SEAL)

Notary Public Signature

G. S. MULDER
Commission # 1451415
Notary Public - California
San Diego County
My Comm. Expires Nov 17, 2007

OPTIONAL INFORMATION

TITLE OR TYPE OF DOCUMENT Power Of Attorney
DATE OF DOCUMENT _____ NUMBER OF PAGES _____
SIGNER(S) OTHER THAN NAMED ABOVE _____

COPY

E- 18696

CODICIL

TO THE WILL OF

ROSEMARIE WARD

I, ROSEMARIE WARD, a resident of the County of San Diego, State of California, declare this to a Codicil to my Will dated July 14th, 1993.

FIRST: I hereby revoke in its entirety paragraph FOURTH of my Will dated July 14th, 1993, and add the following paragraph FOURTH to my Will dated July 14th, 1993:

FOURTH: I bequeath all of my personal property, jewelry, clothing, automobile, furniture and furnishings, and any other property not held under my living Trust, to CLYDE BURROWS and JUDY BURROWS, or if either is deceased, to the survivor. The balance of the estate shall be transferred to my Trust and disposed of pursuant to the Trust provisions.

SECOND: I hereby revoke in its entirety paragraph FIFTH of my Will dated July 14th, 1993, and add the following paragraph FIFTH to my Will dated July 14th, 1993:

FIFTH: I hereby nominate and appoint CLYDE BURROWS, as executor hereof, and he is to serve in such capacity without bond. In the event he is unable or unwilling to act as executor hereof, I nominate and appoint JUDY BURROWS as alternate executrix hereof and she is to serve in such capacity without bond.

THIRD: In all other respects, I confirm my republish my Will

INITIAL HERE RW

COPY

Burrows

E-18696

AMENDMENT TO THE ROSEMARIE WARD TRUST

ROSEMARIE WARD, hereinafter called Settlor, acknowledges that she is amending her Trust dated July 14, 1993, by executing an Amendment on May 29, 1996.

First: The original Declaration of Trust is amended as follows:

I hereby remove the name of my deceased sister, LILLIAN R. KRIEG as co-Trustee, and name CLYDE BURROWS as co-Trustee.

Second: I hereby delete ARTICLE II subparagraph 2 and replace it with the following:

ARTICLE II

DISTRIBUTION OF INCOME AND PRINCIPAL

2. Death of Settlor

On the death of the Settlor, the assets shall be distributed as follows:

a. I leave the sum of FIVE HUNDRED DOLLARS ($500.00) to my niece, LILA LEE BECKER, or if deceased, her share shall be added to the residue;

b. I leave the sum of ONE HUNDRED DOLLARS ($100.00) to FLORENCE ESTHER YOUNG, or if deceased, her share shall be added to the residue;

c. I leave my residence located at 4040 Citradora Drive, Spring Valley, CA to CLYDE BURROWS and JUDY BURROWS as tenants in common, or if one is deceased, then to the survivor.

d. After making the above gifts, the Trustee shall then divide the sum of SIX HUNDRED THOUSAND DOLLARS ($600,000.00) equally among the following beneficiaries:

1. SAN DIEGO RESCUE MISSION, P. O. Box 80427, San Diego, CA 92138-0429;

2. WAYFARER'S MINISTRY, P. O. Box 2503, Toluca Lake, CA 91610-0503;

R.W.

INITIAL HERE

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/04

228209

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Iantha ~~Moore~~ Dukes Moore

in a Liner (Type of Burial Container) Funeral, date, time Fri 9/24 11:00

Church, Chapel, Graveside _____ ; CA Burial Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ Jeanette

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 68 Grave 3

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	209 –
Handling Fees	160 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	16.20
Total Due	1833.20
Paid receipt number R-58031	1833.20
Balance due	0

PAID

SEP 20 2004

MOUNT HOPE CEMETERY

I hereby certify I am the X Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

~~Mortuary to pay~~

I hereby authorize the interment in lot I hold under deed.

X Carol Newman
Print Name

X 9670 Osage St
Address

X Spring Valley, Ct 91977
City Zip Code

X (619) 251-4223
Telephone

Signature

Pam

Invoice # _____

Work Order # E 18697

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18697

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Savela		Davis	
	Battle	Landrum	X			
				Hernandez		

Blind Check Initiated By: Pam Date: 9/15

Interment space for: Iantha Moore

Interment Date: Fri 9/24 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 168 Gr: 3

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☒ Yes ☐ No flag on grave

Agrees with Map: ☒ Yes ☐ No

Blind Check & Verified By: [illegible] Date: 9/20/24

E-18697

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SE
IANTHA	DUKES	MOORE	05/20/1925	09/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CAROL A. NEWMAN-NIECE 9670 OSAGE STREET SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-1357	▶ Victoria Hartwell	09/14/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	09/16/2004 V MITCHELL	▶ 2415968

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9/24/04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ M Bentermacher	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Rud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/04

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna L. Wells 228193

in a TS Vault (Type of Burial Container) Funeral, date, time Tues 9/21 11:00

Church, Chapel, Graveside _____ ; Greenwood Mortuary.

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 12 Section 1 Blk/Row _____ Lot 108 Grave 9

Grave space & Care Fund	985 –
Overtime/Late Arrival Fees	
Opening/Closing & Setup	413 –
Burial Container	275 –
Handling Fees	204 –
Flower vases – Marker setting fee	
Recording/Filing/Transfer Fees	50 –
Sales taxes	21.31
Total Due	1948.31
Paid receipt number R58013	1948.31
Balance due	0

PAID
SEP 15 2004
R-58016 Res fee
MOUNT HOPE CEMETERY

I hereby certify I am the Son William H Wells of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature

Pam

X William H. Wells JR
Print Name

X 1635 COOLSPRING COURT
Address

X Chula Vista CA 91913
City Zip Code

X (619) 482-0360
Telephone

Invoice # _____

Work Order # E 18698

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18698

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

			Sandley			
			X		Tavanella	
		Davis				

Blind Check Initiated By: Pam Date: 9/15

Interment space for: Anna Wells

Interment Date: Tues 9/21 Time: 11:00

Div: 12 Sect: 1 Blk/Row: ____ Lot: 108 Gr: 9

Grave Laid out by: Norman Ferguson

Agrees with Legal Card: ☑ Yes ☐ No

Agrees with Map: ☑ Yes ☐ No

Flag on grave

Blind Check & Verified By: David Noriega Date: 9-20-04

E-18698

79

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	LEE	WELLS	08/05/1925	09/13/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	WILLIAM H. WELLS, JR.-SON 1635 COOLSPRINGS COURT CHULA VISTA, CA. 91913

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY, I-805 & IMPERIAL AVE SAN DIEGO CA 92102	FD 843	▶ K R Z	09/15/2004

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	09/15/2004 K JONES	2415902 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO CA 92102	11B. DATE BURIED 9-21-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

At Nud

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/15/04

228185

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leslie Ayerim Gomez

in a 26L x 13W x 12H Bx liner (Type of Burial Container) Funeral, date, time Fri 9/17 11.00

Church Chapel Graveside ; Aztlan Mortuary

All Funeral cars must arrive before 3:00 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Division 9 Section 1 Blk/Row _____ Lot 3135 Grave 1

PAID 2000 pd

SEP 16 2004

MOUNT HOPE CEMETERY

Grave space & Care Fund	146.-
Overtime/Late Arrival Fees	
Opening/Closing & Setup	184 -
Burial Container	102 -
Handling Fees	37 -
Flower vases – Marker setting fee by Vera	
Recording/Filing/Transfer Fees	66 -
Sales taxes pd -	7.91
Total Due	542.91
Paid receipt number R 58015	43.00
Balance due	499.99

I hereby certify I am the X MOM of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Children Hosp. to Gary

I hereby authorize the interment in lot hold under deed.

Signature

Pam

Print Name Elizabeth Gomez

Address 14356 Delta AVE P206

City ~~Santiago~~ NC Zip Code 92113

Telephone (619) 546-9762

Invoice # _____

Work Order # E 18699

Acct. # _____

REA-104 (3-04)

This information is available in alternative formats upon request.

Printed on recycled paper

MT HOPE CEMETERY E-18699

GRAVE BLIND CHECK FORM

Write in the name of the deceased for which the grave is for in the block marked with "X". Place the name's, lot # and grave # of all existing marker's in the appropriate space(s) that are adjacent to the burial space.

				Radley		
					Washington	
		Gomez Perez	X			

Blind Check Initiated By: Pam Date: 9/16

Interment space for: Leslie Gomez

Interment Date: Fri 9/17 Time: 11:00

Div: 9 Sect: 1 Blk/Row: ____ Lot: 3135 Gr: 1

Grave Laid out by: Kenneth Collins

Agrees with Legal Card: ☒ Yes ☐ No

Agrees with Map: ☐ Yes ☒ No

Blind Check & Verified By: [illegible] Date: ____

E-19699

2nd

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY — MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leslie	Ayerin	Gomez	06/20/2004	09/14/2004	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH — OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Elizabeth Gomez-Mother 4356 Delta Ave. #206 San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA - FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER — IF APPLICABLE	8A. SIGNATURE OF APPLICANT — Person taking permit	8B. DATE SIGNED
Funeraria Aztlan 7856 La Mesa Blvd. La Mesa, CA 91941	FD-1658	▶ [signature]	09/16/2004

ACKNOWLEDGEMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103055 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

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AUTHORIZATION OF LOCAL REGISTRAR

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$13.00	Leah A. Mata 09/16/2004	▶ 2415976

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH — IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION — IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] D. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONOR'S USE ONLY

- [ ] I. DISPOSITION PENDING — REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9-17-04	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING/BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION. IF BURIAL AT SEA, ONLY ENTER LATITUDE AND LONGITUDE	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.